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| Fill in this information to identify your case:                         |   |
|---|---|
| United States Bankruptcy Court for the:  Northern District of: Illinois |   |
| (State)  Case number (if known)   | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | Identify Yourself   |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Wayne                      |   |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued picture identification (for example, your driver's | Middle name                | Middle name                                   |
|    | license or passport   | Thomas Last name           | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee.       | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last   | First name                 | First name                                    |
|    | 8 years Include your married or   | Middle name                | Middle name                                   |
|    | maiden names.   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social                                     | XXX - XX- 6429             |   |
|    | Security number or federal Individual                                     | OR                         | OR  |
|    | Taxpayer Identification number (ITIN)                                     | 9 xx - xx-                 | 9 xx - xx-                                    |

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| Debtor 1 Wayne   | Thomas  | Case number (if known)   |
|--|---|--|
| First Name   | Middle Name Last Name   |  |
|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name   | Business name  |
| 8 years  | Business name   | Business name  |
| Include trade names and doing business as names              | EIN   | EIN  |
|  | EIN   | EIN  |
| 5. Where you live  |   | If Debtor 2 lives at a different address:  |
|  | 15722 Ingleside Number Street   | Number Street  |
|  | Number Sileet   | Number Sueet   |
|  | Dolton Illinois 60419   |  |
|  | City State Zip Code   | City State Zip Code  |
|  | Cook  |  |
|  | County  | County   |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | Number Street   | Number Street  |
|  |   |  |
|  | City State Zip Code   | City State Zip Code  |
| 6. Why you are choosing this district                        | Check one:  | Check one:   |
| to file for bankruptcy                                       | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |

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| Debtor 1 Wayne  |  |  | Thomas   |   | Case number (if kno   | own)  |   |
|---|--|--|--|---|---|---|---|
| First Name  |  | Middle Name  | Last Nam   | ne  |   |   |   |
| Part 2: Tell the  | Court Abo                                  | ut Your Bankrupt   | cy Case  |   |   |   |   |
| 7. The chapter of Bankruptcy Care choosing under  | Code you                                   |  | orief description of ea<br>B2010)). Also, go to th   |   |   |   | iduals Filing for   |
| 8. How you will fee   | pay the                                    | more details al cashier's chec may pay with a lineed to pay Individuals to li request that judge may, but he official poyou choose the | bout how you may p<br>k, or money order<br>a credit card or chec<br>the fee in installme<br>Pay Your Filing Fee<br>my fee be waived<br>t is not required to,<br>verty line that applie | pay. Typically, if you lif your attorney is set with a pre-printer and in Installments (O (You may request waive your fee, an es to your family sifill out the Applic | ou are paying the submitting your ed address. ethis option, sig official Form 103 this option only d may do so onlize and you are u | e fee yourself, yo<br>r payment on you<br>in and attach the<br>A).<br>v if you are filing the<br>ly if your income<br>unable to pay the | in your local court for u may pay with cash, ur behalf, your attorney  Application for  for Chapter 7. By law, a is less than 150% of fee in installments). If a Fee Waived (Official |
| 9. Have you file<br>bankruptcy w<br>last 8 years?   |  | ✓ No.  Yes. District  District  District   |  | When<br>When<br>When  | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY  | Case number  Case number  Case number   |   |
| 10. Are any bank<br>cases pendin<br>being filed by<br>spouse who i<br>filing this cas<br>you, or by a b<br>partner, or by<br>affiliate? | ng or<br>a<br>s not<br>be with<br>ousiness | Yes. Debtor _ District _ Debtor _ District _   |  | When<br>When  | MM / DD / YYYY  | Relationship to yo Case number, if kr Relationship to yo Case number, if kr   | nownu   |
| 11. Do you rent y<br>residence?   | our  | ✓ No.  | 12. landlord obtained and Go to line 12. Fill out <i>Initial Statemen</i> this bankruptcy petition   | nt About an Eviction  |   |   |   |

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Debtor 1 Wayne Thomas \_\_ Case number (if known) Middle Name First Name Last Name Report About Any Businesses You Own as a Sole Proprietor Part 3: 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Wayne Thomas Case number (if known)
First Name Middle Name Last Name

| Pa   | rt 5: Explain Your Effor  | rts to Receive a Brie   | fing About Credit Counseling   |                        |  |  |
|--|---|---|--|------------------------|--|--|
|  |   | About Debtor 1:   |  | About                  | Debtor 2 (Sp   | oouse Only in a Joint Case):   |
| 15.  | Tell the court  | You must check one:   |  | You m                  | ust check one:   |  |
|  | whether you have received briefing about credit counseling.   | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | co                     | unseling ager  | ring from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.   |
|  | The law requires that you receive a briefing  |   | he certificate and the payment plan, veloped with the agency.  |                        |  | he certificate and the payment plan, veloped with the agency.  |
| about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file. | counseling agen   | ing from an approved credit<br>acy within the 180 days before I<br>ptcy petition, but I do not have a<br>appletion. | co   | unseling ager          | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion. |  |
|  |   | er you file this bankruptcy petition, opy of the certificate and payment  | yo   |                        | er you file this bankruptcy petition, opy of the certificate and payment   |  |
|  | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques   | ked for credit counseling services ad agency, but was unable to vices during the 7 days after I t, and exigent circumstances emporary waiver of the                              | fro<br>ob<br>ma<br>me  | om an approve<br>Stain those ser<br>ade my reques  | ked for credit counseling services ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances emporary waiver of the                             |
|  | creditors can begin collection activities again.  | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this     | red<br>eff<br>un<br>wh | quirement, attac<br>orts you made :<br>able to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this     |
|  |   |   | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   | wit                    |  | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   |
|  |   | receive a briefing<br>must file a certifica<br>with a copy of the   | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. | red<br>mu<br>wit       | ceive a briefing<br>ust file a certifica<br>th a copy of the   | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |
|  |   | •   | he 30-day deadline is granted only<br>mited to a maximum of 15 days.   |                        | •  | he 30-day deadline is granted only<br>mited to a maximum of 15 days.   |
|  |   | I am not required counseling beca   | d to receive a briefing about credit use of:   |                        | m not required<br>unseling beca  | d to receive a briefing about credit<br>ause of:   |
|  |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |                        | Incapacity.  | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |
|  |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |                        | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |
|  |   | Active duty.  | I am currently on active military duty in a military combat zone.  |                        | Active duty.   | I am currently on active military duty in a military combat zone.  |
|  |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for punseling with the court.  | ab                     | out credit coun  | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  |

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Debtor 1 Wayne Thomas Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$1,000,001-\$10 million \$0-\$50,000 \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$100,000,001-\$500 million More than \$50 billion \$500,001-\$1 million \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Wayne Thomas Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 4/3/2017 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Wayne                                   |                            | Thomas                | Case number (               | fknown)  |
|--|----------------------------|-----------------------|-----------------------------|--|
| First Name                                       | Middle Name                | Last Name             |                             |  |
| For your attorney, if you are represented by one | eligibility to proceed une | der Chapter 7, 11, 12 | 2, or 13 of title 11, Unite | have informed the debtor(s) about<br>ed States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. §   | 342(b) and, in a case in    | which § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge afte     | r an inquiry that the | information in the sche     | dules filed with the petition is incorrect.  |
| attorney, you do not                             | •                          | . ,                   |                             | ·  |
| need to file this page.                          | /s/ Alexander Prebe        | r                     | Date                        | 4/3/2017   |
|  | Signature of Attorney      | or Debtor             |                             | MM / DD / YYYY   |
|  |                            |                       |                             |  |
|  |                            |                       |                             |  |
|  | Alexander Preber           |                       |                             |  |
|  | Printed name               |                       |                             |  |
|  | Semrad Law Firm            |                       |                             |  |
|  | Firm name                  |                       |                             |  |
|  | 11101 S. Western Ave       | enue                  |                             |  |
|  | Street                     |                       |                             |  |
|  |                            |                       |                             |  |
|  |                            |                       |                             |  |
|  | Chicago                    |                       | Illinois                    | 60643  |
|  | City                       |                       | State                       | Zip Code   |
|  |                            |                       |                             |  |
|  | Contact phone              | 3122374979            | Email address               | apreber@semradlaw.com  |
|  |                            |                       |                             |  |
|  | <del></del>                |                       |                             |  |
|  | Bar number                 |                       | State                       |  |

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| Fill in this infor        | Fill in this information to identify your case: |             |                      |  |  |
|---------------------------|---|-------------|----------------------|--|--|
| Debtor 1                  | Wayne   |             | Thomas               |  |  |
|                           | First Name                                      | Middle Name | Last Name            |  |  |
| Debtor 2                  |   |             |                      |  |  |
| (Spouse, if filing)       | First Name                                      | Middle Name | Last Name            |  |  |
| United States E           | Sankruptcy Court for the:                       | Northern    | District of Illinois |  |  |
| Case number<br>(lf known) |   |             | (State)              |  |  |

|   | Check if | this    | is | an |
|---|----------|---------|----|----|
| _ | amende   | d filir | ng |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|   | Your assets<br>Value of what you own |
|---|--------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$37,300.50                          |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$12,516.00                          |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$49,816.50                          |
| Part 2: Summarize Your Liabilities  |                                      |
|   | Your liabilities<br>Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$169,926.00                         |
| s. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$90.00                              |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>  | \$25,042.00                          |
| Your total liabilities  | \$195,058.00                         |
|   |                                      |
| Part 3: Summarize Your Income and Expenses  |                                      |
| 4. Schedule I: Your Income (Official Form 106I)   | \$5.209.26                           |
| ·   | \$5,209.26                           |

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| Deb           |        | Wayne   |                            | Thomas   | Case number (if known)                      |            |
|---------------|--------|---|----------------------------|--|---|------------|
|               |        | First Name  | Middle Name                | Last Name  |   |            |
| Part 4        | 4:     | Answer These Questio                                      | ns for Administrativ       | ve and Statistical Record                            | S   |            |
| 6. <b>A</b> i | re yo  | u filing for bankruptcy und                               | der Chapters 7, 11, or     | 13?  |   |            |
| Г             |        | o. You have nothing to repo                               | rt on this part of the for | m. Check this box and submit                         | this form to the court with your other sche | edules.    |
|               |        |   |                            |  | ,   |            |
| Ŀ             | ✓ Ye   |   |                            |  |   |            |
| 7. <b>W</b>   | /hat k | ind of debt do you have?                                  |                            |  |   |            |
| Ī,            |        |   |                            |  | an individual primarily for a personal,     |            |
| _             | fai    | mily, or household purpose.                               | . 11 U.S.C. § 101(8). Fil  | ll out lines 8-10 for statistical pu                 | urposes. 28 U.S.C. § 159.                   |            |
|               |        | our debts are not primarily is form to the court with you |                            | I have nothing to report on this                     | s part of the form. Check this box and sub  | mit        |
|               | _      |   |                            |  |   |            |
|               |        | 122A-1 Line 11; <b>OR</b> , Form                          |                            | : Copy your total current montl<br>m 122C-1 Line 14. | hly income from Official                    | \$5,468.21 |
| 9.            | Сору   | y the following special ca                                | tegories of claims fron    | n Part 4, line 6 of Schedule E                       | :/F:  |            |
|               |        | n Part 4 on Schedule E/F,                                 |                            |  | Total claim                                 |            |
|               |        | ,   |                            |  |   |            |
|               | 9a. [  | Domestic support obligation                               | s (Copy line 6a.)          |  | \$0.00                                      |            |
|               | ah T   | Faxes and certain other debt                              | e you owe the governm      | ent (Copy line 6b.)                                  | \$90.00                                     |            |
|               |        |   |                            | ,  | \$0.00                                      |            |
|               | 9c. (  | Claims for death or personal                              | injury while you were in   | toxicated. (Copy line 6c.)                           | Ψ0.00                                       |            |
|               | 9d. S  | Student loans. (Copy line 6f.                             | .)                         |  | \$0.00                                      |            |
|               | 9e. C  | Obligations arising out of a s                            | separation agreement or    | divorce that you did not report                      | as \$0.00                                   |            |
|               |        | ity claims. (Copy line 6g.)                               | . •                        | •  |   |            |
|               | 9f D   | lebts to pension or profit-sh                             | aring plans, and others    | imilar debts. (Copy line 6h.)                        | \$0.00                                      |            |
|               | J D    | sate to pondion of profit of                              | a g piario, aria otrior o  | 3556. (569)  |   |            |

\$90.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                             | information to identify your case:   |  |   |                                    |
|--|--|--|---|------------------------------------|
| Debtor 1                                 | Wayne  | Thomas   |   |                                    |
| Debtor 2                                 | First Name Middle  | Name Last Name   |   |                                    |
| (Spouse, if fili                         | First Name Middle  | Name Last Name   |   |                                    |
| United Sta                               | tes Bankruptcy Court for the: Northern   | District of Illinois   |   |                                    |
| Case num<br>(If known)                   | ber  | (State)  |   |                                    |
| Officia                                  | I Form 106A/B  |  |   | Check if this is an amended filing |
| Sched                                    | dule A/B: Property   |  |   | 12/1                               |
| category wresponsible write your Part 1: | where you think it fits best. Be as complete<br>e for supplying correct information. If more<br>name and case number (if known). Answer<br>Describe Each Residence, Building, La | and, or Other Real Estate You Own or Have  | are filing together, both a form. On the top of any a ean Interest In   | re equally                         |
|  | No. Go to Part 2  Yes. Where is the property?  | in any residence, building, land, or similar prope   | rrty?   |                                    |
| 1.1                                      | Street address, if available, or other description 15722 Ingleside Number Street  Dolton Illinois 60419 City State Zip Code Cook County  | What is the property? Check all that apply.  ✓ Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land Investment property  Timeshare  Other  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  ✓ At least one of the debtors and another  Other information you wish to add about this in property identification number: | the amount of any secucreditors Who Have Cla  Current value of the entire property? \$74601.00  Describe the nature of interest (such as fee sthe entireties, or a life.  Check if this is completed in the complete complet | simple, tenancy by                 |
| 1.2                                      | Street address, if available, or other description  Number Street  City State Zip Code   | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this i   | the amount of any secucreditors Who Have Cla  Current value of the entire property?  Describe the nature of interest (such as fee sthe entireties, or a life.  Check if this is considered in the constructions)  | simple, tenancy by                 |

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| ebtor 1 Wayne                                | Middle None                                |  | nber (if known)  |   |
|--|--|--|--|---|
| Street address, if av  Number Street         | State Zip Code                             | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this ite property identification number:  re all of your entries from Part 1, including any entries | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Describe the nature of interest (such as fee set the entireties, or a life (see instructions)  Check if this is considered in the constructions of the c | imple, tenancy by   |
| own that someone el                          | ave legal or equitable intere              | st in any vehicles, whether they are registered o<br>a, also report it on Schedule G: Executory Contracts a<br>proycles  | -  |   |
| ∐ No<br>✓ Yes                                |  |  |  |   |
| 3.1 Make  Model:  Year:  Approximate n       | Ford<br>Transit<br>2012<br>nileage: 140000 | Who has an interest in the property? Check one.  Debtor 1 only   | the amount of any secu   | claims or exemptions. Puured claims on Schedule Laims Secured by Property.  |
| Other informati                              | <u></u>                                    | Debtor 2 only  Debtor 1 and Debtor 2 only  ✓ At least one of the debtors and another  Check if this is community property (see   | Current value of the entire property? \$5400.00  | Current value of the portion you own?<br>\$2700.00  |
| 3.2 Make<br>Model:<br>Year:<br>Approximate n | Ford<br>F-150<br>2007<br>100000            | instructions)  Who has an interest in the property? Check one.  ✓ Debtor 1 only  Debtor 2 only   | the amount of any secu   | claims or exemptions. Pu<br>ured claims on <i>Schedule L</i><br>aims Secured by Property.<br>Current value of the |
| Other information                            | tion:                                      | Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  | entire property?<br>\$7925.00  | portion you own?<br>\$7925.00   |

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|      | Wayne<br>First Name   | Middle Name | Last Name  | Case number  |   |   |
|------|---|-------------|--|--|---|---|
| 3.3  | Make Model: Year: Approximate mileage:  |             | Who has an interest in the prone.  Debtor 1 only   | roperty? Check   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | ired claims on <i>Schedule</i>  |
|      |   |             | Debtor 2 only  |  | Current value of the entire property?   | Current value of the portion you own?   |
|      | Other information:  |             | Debtor 1 and Debtor 2 only   |  |   |   |
|      |   |             | At least one of the debtors  |  |   |   |
|      |   |             | Check if this is communi instructions)   | ty property (see   |   |   |
| 3.4  | Make  |             | Who has an interest in the p   | roperty? Check   | Do not deduct secured   |   |
|      | Model:  |             | one.   |  | the amount of any secu<br>Creditors Who Have Cla  |   |
|      | Year: Approximate mileage:  |             | Debtor 1 only  |  | Creditors Will Have Cla   | ums secured by Fropen   |
|      | Approximate inilicage.  |             | Debtor 2 only  |  | Current value of the  | Current value of the  |
|      | Other information:  |             | Debtor 1 and Debtor 2 only   | /  | entire property?  | portion you own?  |
|      |   |             | At least one of the debtors  | and another  | ·   |   |
|      |   |             | Check if this is communi instructions)   | ty property (see   |   |   |
| Exar |   | •           | er recreational vehicles, other v<br>i, fishing vessels, snowmobiles, m  | •  |   |   |
| Exar | nples: Boats, trailers, motors<br>No  | •           |  | otorcycle accessori  | Do not deduct secured the amount of any secu  | red claims on <i>Schedule</i>   |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:  | •           | t, fishing vessels, snowmobiles, m  Who has an interest in the pi  | otorcycle accessori  | Do not deduct secured   | red claims on <i>Schedule</i>   |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:   | •           | who has an interest in the prone.  | otorcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule ims Secured by Propert Current value of the  |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:  | •           | who has an interest in the prone.  | otorcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on <i>Schedule</i>   |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | •           | who has an interest in the prone.  Debtor 1 only Debtor 2 only   | otorcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>hims Secured by Propert<br>Current value of the   |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | •           | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | otorcycle accessori roperty? Check  / and another  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule ims Secured by Proper Current value of the   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communinstructions) Who has an interest in the property of the property | otorcycle accessori roperty? Check  / and another ty property (see                         | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured   | red claims on Schedule ims Secured by Propertion Yellow Of the portion you own?   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                              | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communiinstructions) Who has an interest in the prone.  | otorcycle accessori roperty? Check  / and another ty property (see                         | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured the amount of any secu  | red claims on Schedule ims Secured by Property Current value of the portion you own?  claims or exemptions. I dred claims on Schedule   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Other information:  Make  Model:  Year:   | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communities instructions)  Who has an interest in the prone. Debtor 1 only  | otorcycle accessori roperty? Check  / and another ty property (see                         | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured   | red claims on Schedule ims Secured by Property Current value of the portion you own?  claims or exemptions. I dred claims on Schedule   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage: | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communinstructions)  Who has an interest in the prone. Debtor 1 only Debtor 2 only  | otorcycle accessori<br>roperty? Check<br>and another<br>ty property (see<br>roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | claims on Scheduk vims Secured by Proper Current value of the portion you own?  claims or exemptions. I   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Other information:  Make  Model:  Year:   | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only   | otorcycle accessori roperty? Check  and another ty property (see roperty? Check            | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | red claims on Scheduk nims Secured by Propen Current value of the portion you own?  claims or exemptions. I   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage: | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communinstructions)  Who has an interest in the prone. Debtor 1 only Debtor 2 only  | otorcycle accessori roperty? Check  and another ty property (see roperty? Check            | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | claims on Scheduk vims Secured by Proper Current value of the portion you own?  claims or exemptions. I   |
| 4.1  | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage: | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communi instructions)  Who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only   | roperty? Check  and another ty property (see roperty? Check                                | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedulinims Secured by Proper  Current value of the portion you own?  claims or exemptions.  Ired claims on Schedulinims Secured by Proper  Current value of the |

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| De       | ebtor 1      | Wayne<br>First Name              | Middle Name  | Thomas  Last Name             | Case number (if known)          |  |
|----------|--------------|----------------------------------|--|-------------------------------|---------------------------------|--|
| Pa       | rt 3:        |                                  | our Personal and Household It  |                               |                                 |  |
| D        | o you        | own or hav                       | e any legal or equitable interes   | st in any of the following    | j items?                        | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          |              |                                  | and furnishings<br>liances, furniture, linens, china, kitcher                                  | nware                         |                                 |  |
| <u> </u> |              | Describe                         | Misc. Household Goods  |                               |                                 | \$310.00   |
|          |              | tronics<br>oles: Television      | s and radios; audio, video, stereo, and  | d digital equipment; computer | rs, printers, scanners; music   |  |
| <b>✓</b> | Yes. [       | Describe                         | Misc. Electronics  |                               |                                 | \$250.00   |
|          | Examp        |                                  | we<br>and figurines; paintings, prints, or othe<br>in, or baseball card collections; other     |                               |                                 |  |
|          | No<br>Yes. [ | Describe                         |  |                               |                                 |  |
|          |              | les: Sports, ph                  | orts and hobbies notographic, exercise, and other hobby s; carpentry tools; musical instrument |                               | ables, golf clubs, skis; canoes |  |
| <b>✓</b> | No<br>Yes. [ | Describe                         |  |                               |                                 |  |
|          | 0. Fire      |                                  | on chatgung ammunition and relation  | nd oquinment                  |                                 |  |
| J        | No No        | iles. Fisiois, illi              | es, shotguns, ammunition, and relate   | a equipment                   |                                 |  |
| Ö        | Yes. [       | Describe                         |  |                               |                                 |  |
|          | 1. Clo       |                                  | clothes, furs, leather coats, designer w   | vear, shoes, accessories      |                                 |  |
|          | No           | Dana                             | M. O. I.   |                               |                                 | 1  |
| ⊻        | Yes. L       | Describe                         | Misc. Clothing   |                               |                                 | \$356.00   |
|          |              | -                                | ewelry, costume jewelry, engagement<br>er  | rings, wedding rings, heirloo | m jewelry, watches, gems,       |  |
| <u> </u> | No<br>Yes. [ | Describe                         | Misc. Jewelry  |                               |                                 | \$100.00   |
|          |              | n-farm animal<br>oles: Dogs, cat | <b>s</b><br>s, birds, horses   |                               |                                 | 1  |
| <b>✓</b> | No<br>Yes. [ | Describe                         |  |                               |                                 |  |
| 1        | 4. Any       | other persor                     | nal and household items you did no   | t already list, including any | health aids you did not list    |  |
| ✓        | No           |                                  |  |                               |                                 |  |
|          | Yes. [       | Describe                         |  |                               |                                 |  |
|          |              |                                  | llue of all of your entries from Part<br>t number here   | 3, including any entries for  | pages you have attached         | \$1516.00  |

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Thomas Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: Bank of America \$300.00 17.1. Checking account: \$75.00 17.2. Checking account: Bank of America 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: Name of entity Yes. Give specific information about

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| Debt | tor 1 Wayne               |  | Thomas                      | Case number (if known)                        |            |
|------|---------------------------|--|-----------------------------|---|------------|
|      | First Name                | Middle Name  | Last Name                   | <u> </u>                                      |            |
| 20.  | Negotiable instruments    | orate bonds and other negotial include personal checks, cashiers' ents are those you cannot transfe Issuer name: | checks, promissory no       | tes, and money orders.                        |            |
| 21.  | Retirement or pension     |  | thrift eavings accounts     | s, or other pension or profit-sharing plans   |            |
|      |                           | na, Enioa, Reogn, 401(k), 400(b)   | , tillit savings accounts   | s, or other pension or profit-straining plans |            |
|      | <b>✓</b> No               | Type of account:   | Institution name:           |   |            |
|      | Yes. List each account    |  | outation mainer             |   |            |
|      | separately.               | 401(k) or similar plan:  |                             |   |            |
|      |                           | Pension plan:  |                             |   |            |
|      |                           | IRA:   |                             |   | -          |
|      |                           | Retirement account:  |                             |   |            |
|      |                           | Keogh:   |                             |   |            |
|      |                           | Additional account:  |                             |   |            |
|      |                           | Additional account:  |                             |   |            |
| 22.  |                           | prepayments d deposits you have made so that with landlords, prepaid rent, public                                |                             |   |            |
|      | Yes                       | Electric:  |                             |   |            |
|      |                           | Gas:   |                             |   |            |
|      |                           | Heating oil:   |                             |   |            |
|      |                           | Security deposit on rental unit:   |                             |   |            |
|      |                           | Prepaid rent:  |                             |   |            |
|      |                           | Telephone:   |                             |   |            |
|      |                           | Water:   |                             |   |            |
|      |                           | Rented furniture:  |                             |   |            |
|      |                           | Other:   |                             |   | . <u> </u> |
| 23.  | Annuities (A contract for | or a periodic payment of money to  | you, either for life or for | r a number of years)                          |            |
|      | ✓ No ☐ Yes                | Issuer name and description:   |                             |   |            |
|      |                           |  |                             |   |            |
|      |                           |  |                             |   |            |
|      |                           |  |                             |   |            |

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| Debt | or 1 Wayne  | NAC-J-II- NI  |  | Case number (if known)  |   |
|------|---|---|--|---|---|
| 0.4  | First Name  | Middle Nar  |  | andified state to it is a suscession  |   |
| 24.  |   | ), 529A(b), and 529(b)                              | unt in a qualified ABLE program, or under a<br>(1).  | quaimed state tuition program.  |   |
|      | ✓ No Institution  | on name and description                             | on. Separately file the records of any interests.1   | 11 U.S.C. § 521(c):   |   |
|      |   |   |  |   |   |
|      |   |   |  |   |   |
| 25.  | Trusts, equitable or f  |   | operty (other than anything listed in line 1),   | , and rights or powers  |   |
|      | No  | benent  |  |   |   |
|      | Yes. Describe   |   |  |   |   |
| 06   |   |   | and other intellectual manager.  |   |   |
| 26.  |   |   | proceeds from royalties and licensing agreement  | ents  |   |
|      | ✓ No  Yes. Describe   |   |  |   |   |
|      |   |   |  |   |   |
| 27.  |   | , and other general in                              | ntangibles s, cooperative association holdings, liquor licer   | nece profossional liconsos  |   |
|      | No No   | milia, exclusive licenses                           | s, cooperative association fromings, liquol licer  | ises, professional licenses   |   |
|      | Yes. Describe   |   |  |   |   |
|      | - <u></u>   |   |  |   |   |
|      |   |   |  |   |   |
| Mon  | ney or property owe   | ed to you?  |  |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |
|      | ney or property owe   |   |  |   | portion you own? Do not deduct secured  |
|      | Tax refunds owed to y  ✓ No   | you   |  | Federal:  | portion you own? Do not deduct secured claims or exemptions.  |
|      | Tax refunds owed to y  ✓ No  — Yes. Give specific in about them, i  | you  nformation including whether                   |  | Federal:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  |
|      | Tax refunds owed to y  ✓ No  — Yes. Give specific in about them, i  | nformation including whether iled the returns       |  | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owed to y  No Yes. Give specific in about them, i you already fil and the tax yes   | nformation including whether iled the returns ears  | ausal support, child support, maintanance, div   | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to y  No Yes. Give specific in about them, i you already fill and the tax yes  Family support  Examples: Past due or I   | nformation including whether iled the returns ears  | ousal support, child support, maintenance, div   | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to y  No Yes. Give specific in about them, i you already fil and the tax yes   | nformation including whether iled the returns ears  | ousal support, child support, maintenance, div   | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to y  No Yes. Give specific in about them, i you already fil and the tax yes  Family support  Examples: Past due or I  | nformation including whether iled the returns ears  | ousal support, child support, maintenance, div   | State:  Local:  rorce settlement, property settlemen  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to y  No Yes. Give specific in about them, i you already fil and the tax yes  Family support  Examples: Past due or I  | nformation including whether iled the returns ears  | ousal support, child support, maintenance, div   | State:  Local:  rorce settlement, property settlemen  Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                                   |
| 28.  | Tax refunds owed to y  No Yes. Give specific in about them, i you already fil and the tax yes  Family support  Examples: Past due or I  | nformation including whether iled the returns ears  | ousal support, child support, maintenance, div   | State: Local:  rorce settlement, property settlemen  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00 \$0.00                     |
| 28.  | Tax refunds owed to y  No Yes. Give specific in about them, in your already fill and the tax yes.  Family support Examples: Past due or In Yes. Give specific in Yes. Give specific in In Yes.  | nformation including whether iled the returns ears  | ousal support, child support, maintenance, div   | State:  Local:  vorce settlement, property settlemen  Alimony:  Maintenance:  Support:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00 \$0.00                     |
| 28.  | Tax refunds owed to y  ✓ No  Yes. Give specific in about them, i you already fill and the tax yes  Family support  Examples: Past due or I  ✓ No  Yes. Give specific in  Other amounts some of Examples: Unpaid wage  | nformation including whether illed the returns ears | ousal support, child support, maintenance, div<br>payments, disability benefits, sick pay, vacation<br>ns you made to someone else | State: Local:  Vorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds owed to y  ✓ No  Yes. Give specific in about them, i you already fill and the tax yes  Family support  Examples: Past due or I  ✓ No  Yes. Give specific in  Other amounts some of Examples: Unpaid wage  | nformation including whether illed the returns ears | payments, disability benefits, sick pay, vacation  | State: Local:  Vorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds owed to y  ✓ No  Yes. Give specific in about them, i you already fil and the tax you have a second or least the second of the sec | nformation including whether illed the returns ears | payments, disability benefits, sick pay, vacation  | State: Local:  Vorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 Wayne  |                          | Thomas  | Case number (if known)                        |  |
|------|--|--------------------------|---|---|--|
|      | First Name   | Middle Nam               | e Last Name   |   |  |
| 31.  | Interests in insurance p<br>Examples: Health, disabili               |                          | ealth savings account (HSA); credit, h  | omeowner's, or renter's insurance             |  |
|      | No Yes. Name the insura of each policy and list                      |                          | Company name:   | Beneficiary:                                  | Surrender or refund value:   |
| 32.  |  | of a living trust, expec | n someone who has died<br>t proceeds from a life insurance polic              | y, or are currently entitled to receive       |  |
| 33.  |  |                          | t <b>you have filed a lawsuit or made</b><br>surance claims, or rights to sue | a demand for payment                          |  |
| 34.  | Other contingent and u to set off claims  No Yes. Describe           | nliquidated claims o     | of every nature, including counterd   | claims of the debtor and rights               |  |
| 35.  | Any financial assets you  No Yes. Describe                           | u did not already list   |   |   |  |
| 36.  |  | -                        | om Part 4, including any entries fo   |   | \$375.00   |
| Part |  |                          |   | nterest In. List any real estate in Pa        | rt 1.  |
| 37.  | No. Go to Part 6.  Yes. Go to line 38.                               | r legal or equitable i   | nterest in any business-related pro   | operty?                                       | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable or  No Yes. Describe                             | commissions you al       | ready earned  |   |  |
| 39.  | Office equipment, furnic Examples: Business-related No Yes. Describe |                          |   | achines, rugs, telephones, desks, chairs, ele | ctronic devices  |
|      |  |                          |   |   |  |

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| Deb      | tor 1 Wayne                          | Thomas  | Case number (if known)     |  |
|----------|--------------------------------------|---|----------------------------|--|
|          | First Name                           | Middle Name Last Name   |                            |  |
| 40.      | Machinery, fixtures, eq              | uipment, supplies you use in business, and tools of your trade                            |                            |  |
|          | <b>✓</b> No                          |   |                            |  |
|          | Yes. Describe                        |   |                            |  |
|          |                                      |   |                            |  |
|          | -                                    |   |                            |  |
| 41.      | Inventory                            |   |                            |  |
|          | <b>✓</b> No                          |   |                            |  |
|          | Yes. Describe                        |   |                            |  |
|          |                                      |   |                            |  |
|          |                                      |   |                            |  |
| 42.      | Interests in partnership             | os or joint ventures  |                            |  |
|          | ✓ No                                 |   |                            |  |
|          |                                      | Name of entity:   | % of ownership:            |  |
|          | Yes. Give specific information about |   |                            |  |
|          | them                                 |   |                            | <del>-</del>                                   |
|          |                                      |   |                            |  |
|          |                                      |   |                            |  |
| 43       | Customer lists mailing li            | ists, or other compilations   |                            |  |
| 40.      | _                                    | ists, or other complications  |                            |  |
|          | ✓ No                                 |   |                            |  |
|          | Yes. Do your lists inc               | clude personally identifiable information (as defined in 11 U.S.C. § 1                    | 01(41A))?                  |  |
|          | ☐ No                                 |   |                            |  |
|          | <u> </u>                             |   |                            |  |
|          | Yes. Describ                         | De  |                            |  |
| 44.      | Any business-related p               | roperty you did not already list  |                            |  |
|          | —                                    |   |                            |  |
|          | <b>✓</b> No                          |   |                            | <u> </u>                                       |
|          | Yes. Give specific                   |   |                            |  |
|          | information                          |   |                            | <del></del>                                    |
|          |                                      |   |                            | <u> </u>                                       |
|          |                                      |   |                            |  |
|          |                                      |   |                            | <u> </u>                                       |
|          |                                      |   |                            | <del></del>                                    |
|          |                                      |   |                            |  |
|          |                                      |   |                            | <u> </u>                                       |
| 45. A    | dd the dollar value of all           | of your entries from Part 5, including any entries for pages yo                           | ou have attached           |  |
|          |                                      | here  |                            |  |
| <u> </u> |                                      |   |                            |  |
| Part     |                                      | rm- and Commercial Fishing-Related Property You Ovnterest in farmland, list it in Part 1. | wn or Have an Interest In. |  |
|          |                                      |   |                            |  |
| 46.      | Do you own or have any               | y legal or equitable interest in any farm- or commercial fishin                           | g-related property?        |  |
|          | No. Go to Part 7.                    |   |                            | Current value of the                           |
|          | Yes. Go to line 47.                  |   |                            | portion you own?  Do not deduct secured claims |
|          |                                      |   |                            | or exemptions                                  |
| 47.      | Farm animals                         |   |                            |  |
|          | Examples: Livestock, pou             | ultry, farm-raised fish   |                            |  |
|          | <b>№</b> No                          |   |                            |  |
|          | Yes. Describe                        |   |                            |  |
|          |                                      |   |                            |  |
|          |                                      |   |                            |  |

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| Debt         | or 1 Wayne<br>First Name    |  | nomas<br>ast Name        | Case number (if known)       |              |
|--------------|-----------------------------|--|--------------------------|------------------------------|--------------|
| 48.          | Crops-either growing of     |  | St Walle                 |                              |              |
|              | No No                       |  |                          |                              |              |
|              | Yes. Describe               |  |                          |                              |              |
|              | _                           |  |                          |                              |              |
| 49.          | Farm and fishing equip      | ment, implements, machinery, fixture                                   | s, and tools of trade    |                              |              |
|              | <b>✓</b> No                 |  |                          |                              |              |
|              | Yes. Describe               |  |                          |                              |              |
|              | _                           |  |                          |                              |              |
| 50.          | Farm and fishing suppl      | ies, chemicals, and feed   |                          |                              |              |
|              | <b>✓</b> No                 |  |                          |                              |              |
|              | Yes. Describe               |  |                          |                              |              |
|              |                             |  |                          |                              |              |
| 51.          | Any farm- and commer        | cial fishing-related property you did n                                | ot already list          |                              |              |
|              | <b>✓</b> No                 |  |                          |                              |              |
|              | Yes. Describe               |  |                          |                              |              |
|              |                             |  |                          |                              |              |
| 52. A        | dd the dollar value of all  | of your entries from Part 6, including                                 | any entries for pages vo | ou have attached             |              |
|              |                             | here   |                          |                              |              |
|              |                             |  |                          | _                            |              |
|              |                             |  |                          |                              |              |
| Part 7       | 7: Describe All Pro         | perty You Own or Have an Intere  | st in That You Did Not   | t List Above                 |              |
| 53.          |                             | perty of any kind you did not already li<br>s, country club membership | st?                      |                              |              |
|              | ✓ No                        | , country olds monisolomp  |                          |                              |              |
|              | Yes. Give specific          |  |                          |                              |              |
|              | information                 |  |                          |                              |              |
|              |                             |  |                          |                              |              |
|              |                             |  |                          | ,                            | _            |
| 54. A        | dd the dollar value of al   | l of your entries from Part 7. Write tha                               | t number here            |                              | <u></u>      |
|              |                             |  |                          |                              |              |
|              |                             |  |                          |                              |              |
|              |                             |  |                          |                              |              |
| Part 8       | List the Totals of          | Each Part of this Form   |                          |                              |              |
| 55 <b>C</b>  | Part 1. Total real actate   | line 2   |                          |                              | \$37300.50   |
| JJ. F        | ait i. iotalieal estate     | , IIIIC 2  |                          |                              |              |
| 56. <b>p</b> | oart 2 total vehicles, line | e 5  | \$10625.00               |                              |              |
| 57. <b>P</b> | art 3: Total personal an    | d household items, line 15   | \$1516.00                |                              |              |
| 58. <b>P</b> | art 4: Total financial as   | sets, line 36  | \$375.00                 |                              |              |
| 59. <b>F</b> | Part 5: Total business-re   | elated property, line 45   |                          |                              |              |
| 60. <b>F</b> | Part 6: Total farm- and f   | ishing-related property, line 52                                       |                          |                              |              |
| 61. <b>F</b> | Part 7: Total other prope   | erty not listed, line 54   |                          |                              |              |
|              |                             | Add lines 56 through 61.   |                          |                              | 0.405.13.33  |
|              |                             |  | \$12516.00               | Copy personal property total | + \$12516.00 |
|              |                             |  |                          |                              | \$49816.50   |
| 63. <b>T</b> | otal of all property on S   | chedule A/B. Add line 55 + line 62                                     |                          |                              |              |

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| Debtor 1 W | /ayne     |              | Thomas     | Case number (if known) |  |
|------------|-----------|--------------|------------|------------------------|--|
| E1.        | unt Manna | Middle Noses | Look Mosso |                        |  |

### Schedule A/B: Property. Additional page

| Part 3: Describe   | Part 3: Describe Your Personal and Household Items                                 |          |  |  |  |
|--------------------|--|----------|--|--|--|
| Do you own or ha   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |          |  |  |  |
| 6.2. Household goo | ds and furnishings   |          |  |  |  |
| No                 |  |          |  |  |  |
| Yes. Describe      | Bed  | \$500.00 |  |  |  |

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| Debtor 1            | Wayne                    |             | Thomas               |  |
|---------------------|--------------------------|-------------|----------------------|--|
|                     | First Name               | Middle Name | Last Name            |  |
| Debtor 2            |                          |             |                      |  |
| (Spouse, if filing) | First Name               | Middle Name | Last Name            |  |
| United States B     | ankruptcy Court for the: | Northern    | District of Illinois |  |
|                     |                          |             | (State)              |  |
| Case number         |                          |             |                      |  |
| (If known)          |                          |             |                      |  |
| 0 ((; ; ) )         | - 4000                   |             |                      |  |
| Afficial I          | Form 106C                |             |                      |  |

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | tt 1: Identify the Property You Clair   | m as Exempt   |   |                                    |
|----|---|---|---|------------------------------------|
| 1. | Which set of exemptions are you claim   | ing? Check one only, ev   | ven if your spouse is filing with you.  |                                    |
|    | You are claiming state and federal  | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |                                    |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(   | 2)  |                                    |
| 2. | For any property you list on Schedule A   | /B that you claim as e  | exempt, fill in the information below.  |                                    |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |
|    | Brief description: Checking account, Bank   | \$300.00  | \$300.00  | 735 ILCS 5/12-1001(b)              |
|    | of America  |   | 100% of fair market value, up to any applicable statutory limit                                     |                                    |
|    | Line from Schedule A/B: 17  |   | applicable statutory limit  |                                    |
|    | Brief   | 4   |   | 735 ILCS 5/12-1001(b)              |
|    | description:  | \$75.00   | \$75.00   |                                    |
|    | Checking account, Bank of America   |   | 100% of fair market value, up to any  | _                                  |
|    | Line from Schedule A/B: 17  |   | applicable statutory limit  |                                    |
| 3. | ✓ No  | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |                                    |

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 Debtor 1 First Name
 Wayne
 Thomas
 Case number (if known)

 Last Name
 Last Name

| t 2: Additional Page  |  |   |  |
|---|--|---|--|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption           |
|   | Copy the value from<br>Schedule A/B        |   |  |
| Brief description:  | \$356.00                                   | \$356.00  | 735 ILCS 5/12-1001(a)                        |
| Misc. Clothing Line from Schedule A/B: 11   |  | 100% of fair market value, up to any applicable statutory limit           | _  |
| Brief description:  | \$250.00                                   |   | 735 ILCS 5/12-1001(b)                        |
| Misc. Electronics   |  | \$250.00  | _  |
| Line from Schedule A/B: 07  |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Brief description:  | \$310.00                                   |   | 735 ILCS 5/12-1001(b)                        |
| Misc. Household Goods   | Ψ010.00                                    | \$310.00  | _  |
| Line from Schedule A/B: 06  |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Brief description:  | \$100.00                                   |   | 735 ILCS 5/12-1001(b)                        |
| Misc. Jewelry   | Ψ100.00                                    | \$100.00  | _  |
| Line from Schedule A/B: 12  |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Brief   | \$37,300.50                                | _   | 735 ILCS 5/12-901                            |
| description:<br>15722 Ingleside, Dolton,  | φ37,300.30                                 | \$0   | _  |
| IL 60419 Line from  |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Schedule A/B: 01  |  |   |  |
| Brief description:  | \$2,700.00                                 | <b>✓</b> \$0  | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Ford Transit, 2012 Line from Schedule A/B: 03                                       |  | 100% of fair market value, up to any applicable statutory limit           | _  |
| Brief description:  | \$7,925.00                                 | Ø 400 00 00 005 00  | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Ford F-150, 2007  |  | \$2,400.00; \$2,965.00  | _  |
| Line from Schedule A/B: 03  |  | 100% of fair market value, up to any applicable statutory limit           |  |
| Brief description:  | \$500.00                                   |   | 735 ILCS 5/12-1001(b)                        |
| Bed   | ΨΟΟΟ.ΟΟ                                    | \$0   | _  |
| Line from Schedule A/B: 06  |  | 100% of fair market value, up to any applicable statutory limit           |  |

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| Fill in          | this information to identify your ca  | se:                            |                                   |  |   |                                   |
|------------------|---|--------------------------------|-----------------------------------|--|---|-----------------------------------|
| Dabte            | and Marina  |                                | Theorem                           |  |   |                                   |
| Debto            | or 1 <u>Wayne</u><br>First Name   | Middle Name                    | Thomas<br>Last Name               |  |   |                                   |
| Debto            |   |                                |                                   |  |   |                                   |
| (Spous           | ee, if filing) First Name   | Middle Name                    | Last Name                         |  |   |                                   |
| United           | d States Bankruptcy Court for the:  | Northern I                     | District of Illinois (State)      |  |   |                                   |
| Case<br>(If knov | number<br>vn)   |                                | (Giate)                           |  |   |                                   |
| Off              | icial Form 106D   |                                |                                   |  |   | Check if this is a amended filing |
| Scl              | hedule D: Credito   | ors Who Have                   | e Claims Secure                   | d by Prop  | erty  | 12/1                              |
| Be as<br>more    | complete and accurate as possib<br>space is needed, copy the Additio              | le. If two married people a    | re filing together, both are equa | ally responsible for s                                 | upplying correct info                                 |                                   |
|                  | and case number (if known).   |                                |                                   |  |   |                                   |
| 1. I             | Do any creditors have claims se   |                                |                                   |  | t tl-:- f   |                                   |
| ļ                | _   |                                | n your other schedules. You have  | e notning eise to rep                                  | ort on this form.                                     |                                   |
| [                | Yes. Fill in all of the information   | n below.                       |                                   |  |   |                                   |
| Part             | 1: List All Secured Claims  |                                |                                   |  |   |                                   |
| 2.               | List all secured claims. If a credit  |                                |                                   | Column A   | Column B  | Column C                          |
|                  | separately for each claim. If more the in Part 2. As much as possible, list name. | ·                              |                                   | Amount of claim Do not deduct the value of collateral. | Value of<br>collateral<br>that supports<br>this claim | Unsecured portion If any          |
| 2.1              | EXETER FINANCE CORP   | Describe the property that     | at secures the claim:             | \$20,050.00  | \$0.00  | \$20,050.00                       |
|                  | Creditor's Name   | 2016 Honda                     | at secures the claim.             |  |   | <u> </u>                          |
|                  | PO BOX 166097  Number Street  |                                | e claim is: Check all that apply. |  |   |                                   |
|                  |   | Contingent                     |                                   |  |   |                                   |
|                  | IRVING TX 75016   | Unliquidated                   |                                   |  |   |                                   |
|                  | City State ZIP Code   | Disputed                       |                                   |  |   |                                   |
|                  | Who owes the debt? Check one.  Debtor 1 only                                      | Nature of lien. Check all the  | nat apply.                        |  |   |                                   |
|                  | Debtor 2 only   |                                | de (such as mortgage or secured   |  |   |                                   |
|                  | Debtor 1 and Debtor 2 only  | car loan)                      | ao (caon ao montgago en cecanea   |  |   |                                   |
|                  | At least one of the debtors   | Statutory lien (such as        | tax lien, mechanic's lien)        |  |   |                                   |
|                  | and another   | Judgment lien from a l         | awsuit                            |  |   |                                   |
|                  | Check if this claim relates to a community debt                                   | Other (including a right       | to offset)                        |  |   |                                   |
|                  | Date debt was incurred  | Last 4 digits of account r     | number1001                        |  |   |                                   |
| 2.2              | FORD CRED   | Describe the property that     | at secures the claim:             | \$9,820.00   | \$5,400.00  | \$4,420.00                        |
|                  | Creditor's Name PO BOX BOX 542000   | 2012 Ford Transit              |                                   |  |   |                                   |
|                  | Number Street   | As of the date you file, th    | e claim is: Check all that apply. |  |   |                                   |
|                  |   | Contingent                     |                                   |  |   |                                   |
|                  | OMAHA NE 68154  | Unliquidated                   |                                   |  |   |                                   |
|                  | City State ZIP Code  Who owes the debt? Check one.                                | Disputed                       |                                   |  |   |                                   |
|                  | Debtor 1 only   | Nature of lien. Check all the  | nat apply.                        |  |   |                                   |
|                  | Debtor 2 only   | An agreement you mad car loan) | de (such as mortgage or secured   |  |   |                                   |
|                  | Debtor 1 and Debtor 2 only  | Statutory lien (such as        | tax lien, mechanic's lien)        |  |   |                                   |
|                  | At least one of the debtors and another   | Judgment lien from a l         | awsuit                            |  |   |                                   |
|                  | Check if this claim relates to a community debt                                   | Other (including a right       | to offset)                        |  |   |                                   |
|                  | Date debt was incurred  | Last 4 digits of account r     | number0195                        |  |   |                                   |
|                  | Add the dollar value of y<br>here:  | our entries in Column A or     | n this page. Write that number    | \$29,870.00  |   |                                   |

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| Debto | or 1 Wayne  |  | number (if known)                                      |   |                                |  |  |  |
|-------|---|--|--|---|--------------------------------|--|--|--|
|       |   | Aiddle Name Last Name  |  |   |                                |  |  |  |
| Pa    | Additional Page                                       | this nego number them beginning with 2.2 followed by                         | Column A   | Column B  | Column C                       |  |  |  |
|       | 2.4, and so forth.                                    | this page, number them beginning with 2.3, followed by                       | Amount of claim Do not deduct the value of collateral. | Value of<br>collateral<br>that supports<br>this claim | Unsecured<br>portion<br>If any |  |  |  |
| 2.3   | NATIONSTAR MORTGAGE LLC                               | Describe the property that secures the claim:                                | \$109,354.00   | \$74,601.00   | \$34,753.0                     |  |  |  |
|       | Creditor's Name 350 HIGHLAND DR                       | 15722 Ingleside, Dolton, IL 60419   Value: \$74,601.00                       | $\neg$   |   |                                |  |  |  |
|       | Number Street   | As of the date you file, the claim is: Check all that apply                  | <b>-</b>   |   |                                |  |  |  |
|       |   | Contingent   |  |   |                                |  |  |  |
|       | LEWISVILLE TX 75067                                   | Unliquidated   |  |   |                                |  |  |  |
|       | City State ZIP Code                                   | Disputed   |  |   |                                |  |  |  |
|       | Who owes the debt? Check one.  Debtor 1 only          | Nature of lien. Check all that apply.  |  |   |                                |  |  |  |
|       | Debtor 2 only   | An agreement you made (such as mortgage or secure                            | d  |   |                                |  |  |  |
|       | Debtor 1 and Debtor 2 only                            | car loan)  Statutory lien (such as tax lien, mechanic's lien)                |  |   |                                |  |  |  |
|       | At least one of the debtors and another               | Judgment lien from a lawsuit   |  |   |                                |  |  |  |
|       | Check if this claim relates to a community debt       | Other (including a right to offset)  |  |   |                                |  |  |  |
|       | Date debt was incurred                                | Last 4 digits of account number  |  |   |                                |  |  |  |
| 2.4   | SELECT PORTFOLIO Servicing                            | Describe the property that secures the claim:                                | \$29,000.00  | \$74,601.00   | \$0.00                         |  |  |  |
|       | Creditor's Name PO BOX 65250                          | 15722 Ingleside, Dolton, IL 60419   Value: \$74,601.00                       | $\neg$   |   |                                |  |  |  |
|       | Number Street   | As of the date you file, the claim is: Check all that apply                  | <b>⊒</b>   |   |                                |  |  |  |
|       |   | Contingent   |  |   |                                |  |  |  |
|       | SALT LAKE CITY UT 84165                               | Unliquidated   |  |   |                                |  |  |  |
|       | City State ZIP Code  Who owes the debt? Check one.    | Disputed   |  |   |                                |  |  |  |
|       | Debtor 1 only   | Nature of lien. Check all that apply.  |  |   |                                |  |  |  |
|       | Debtor 2 only   | An agreement you made (such as mortgage or secure car loan)                  | d  |   |                                |  |  |  |
|       | Debtor 1 and Debtor 2 only                            | Statutory lien (such as tax lien, mechanic's lien)                           |  |   |                                |  |  |  |
|       | At least one of the debtors and another               | Judgment lien from a lawsuit   |  |   |                                |  |  |  |
|       | Check if this claim relates to                        | Other (including a right to offset)  |  |   |                                |  |  |  |
|       | a community debt Date debt was incurred               | Last 4 digits of account number  |  |   |                                |  |  |  |
| 2.5   | One Main Financial                                    | Describe the preparty that accuracy the claims                               | \$802.00   | \$7,925.00  | \$0.00                         |  |  |  |
|       | Creditor's Name 6801 Colwell Blvd.                    | Poscribe the property that secures the claim: Ford F-150   Value: \$7,925.00 | ¬ ———  |   |                                |  |  |  |
|       | Number Street   | As of the date you file, the claim is: Check all that apply                  | <b>_</b>   |   |                                |  |  |  |
|       |   | Contingent   |  |   |                                |  |  |  |
|       | Irving TX 75039                                       | Unliquidated   |  |   |                                |  |  |  |
|       | City State ZIP Code  Who owes the debt? Check one.    | Disputed   |  |   |                                |  |  |  |
|       | Debtor 1 only   | Nature of lien. Check all that apply.  |  |   |                                |  |  |  |
|       | Debtor 2 only   | An agreement you made (such as mortgage or secure                            | d  |   |                                |  |  |  |
|       | Debtor 1 and Debtor 2 only                            | car loan)  Statutory lien (such as tax lien, mechanic's lien)                |  |   |                                |  |  |  |
|       | At least one of the debtors and another               | Judgment lien from a lawsuit   |  |   |                                |  |  |  |
|       | Check if this claim relates to a community debt       | Other (including a right to offset)  |  |   |                                |  |  |  |
|       | Date debt was incurred                                | Last 4 digits of account number  |  |   |                                |  |  |  |
|       | Add the dollar value of you                           | ur entries in Column A on this page. Write that number                       | \$139,156.00   |   |                                |  |  |  |
|       | here:   | our form, add the dollar value totals from all pages.                        |  | 4   |                                |  |  |  |
|       | If this is the last page of y Write that number here: |  |  |   |                                |  |  |  |

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| Debtor 1 Wayne              |   |  |                             |                     | Case number (if known)  |  |                                   |  |
|-----------------------------|---|--|-----------------------------|---------------------|---|--|-----------------------------------|--|
| Fi                          | rst Name M  | liddle Name  | Last Name                   |                     |   |  |                                   |  |
| Part:1                      | Additional Page After listing any entries on t 2.4, and so forth.   | his page, numbe  | er them beginning with 2.   | 3, followed by      | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |  |
| Credit 423i N Chic City Who | State ZIP Code owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | Bed   Value: \$5 As of the date Contingent Unliquidate Disputed Nature of lien. An agreemcar loan) Statutory lie Judgment Other (inclu | you file, the claim is: Che | eck all that apply. |   | \$500.00   | \$400.00                          |  |
|                             | Add the dollar value of you here:   | ur entries in Colu   | umn A on this page. Write   | that number         | \$900.00  |  |                                   |  |
|                             | If this is the last page of your write that number here:  | our form, add the  | e dollar value totals from  | all pages.          | \$169,926.00  |  |                                   |  |

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|  |  | Document Page 26 of   | 79   |   |  |   |
|--|--|---|--|---|--|---|
| Fill in this inf   | formation to identify your case:   |   | ı  |   |  |   |
| Debtor 1   | Wayne  | Thomas  |  |   |  |   |
|  | First Name Middle  | Name Last Name  |  |   |  |   |
| Debtor 2<br>(Spouse, if filing   | First Name Middle  | Name Last Name  |  |   |  |   |
| United States  | s Bankruptcy Court for the: Northern   | District of Illinois (State)  |  |   |  |   |
| Case numbe   | er   | (State)   |  |   |  |   |
| Official   | Form 106E/F  |   |  | Che   | ck if this is an   | amended filing                                  |
|  | dule E/F: Creditors \  | Who Have Unsecure   | d Claime   |   |  | 10/15   |
|  | ete and accurate as possible. Use Part 1   |   |  |   | DITY alaims  | 12/15   |
| other party t<br>Form 106A/E<br>claims that a<br>the entries in<br>known). | to any executory contracts or unexpired le<br>B) and on Schedule G: Executory Contract<br>are listed in Schedule D: Creditors Who Ho<br>In the boxes on the left. Attach the Continu   | ases that could result in a claim. Also list<br>is and Unexpired Leases (Official Form 106<br>Id Claims Secured by Property. If more sp<br>lation Page to this page. On the top of an | executory contract<br>6G). Do not include a<br>ace is needed, copy | s on <i>Schedເ</i><br>any creditor<br>the Part yo | <i>lle A/B: Prop</i><br>s with partia<br>ou need, fill i | erty (Official<br>Illy secured<br>t out, number |
|  | st All of Your PRIORITY Unsecured (  |   |  |   |  |   |
|  | r creditors have priority unsecured claims<br>b. Go to Part 2.   | against you?  |  |   |  |   |
| ✓ Ye   |  |   |  |   |  |   |
| listed, id<br>As mud<br>Continu  | of your priority unsecured claims. If a cred<br>dentify what type of claim it is. If a claim has that as possible, list the claims in alphabetical of<br>duation Page of Part 1. If more than one creditor<br>explanation of each type of claim, see the ins | oth priority and nonpriority amounts, list that<br>der according to the creditor's name. If you h<br>r holds a particular claim, list the other credito                               | t claim here and show<br>nave more than two poors in Part 3.       | both priority                                     | and nonprior   | rity amounts.                                   |
|  |  |   |  | Total claim                                       | Priority amount  | Nonpriority amount                              |
|  | of Illinois - Dept of Revenue  | Last 4 digits of account number   |  | \$90.00   | \$90.00  | \$0.00  |
|  | y Creditor's Name<br>ox 19043  | When was the debt incurred?   | n/a  |   |  |   |
| Numb   |  | As of the date you file, the claim  | is: Check all that   |   |  |   |
|  |  | apply.  |  |   |  |   |
| Spring   |  | Contingent  |  |   |  |   |
| City   | State Zip Code incurred the debt? Check one.   | Unliquidated  |  |   |  |   |
|  | Debtor 1 only  | Disputed  |  |   |  |   |
|  | Debtor 2 only  | Type of PRIORITY unsecured clai   | m:   |   |  |   |
|  | Debtor 1 and Debtor 2 only   | Domestic support obligations  |  |   |  |   |
|  | at least one of the debtors and another  | Taxes and certain other debts y government  | ou owe the   |   |  |   |
|  | Check if this claim relates to a community   | debt Claims for death or personal inj intoxicated   | ury while you were   |   |  |   |
| Is the   | e claim subject to offset?   | Other. Specify  |  |   |  |   |

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| Debte  | or 1         | Wayne  | Thomas     | Case number (if known)   |                   |
|--------|--------------|--|------------|--|-------------------|
|        |              | First Name Middle Name   | Last Name  |  |                   |
| Part : | 2:           | List All of Your NONPRIORITY Unsecured Cla   | ims        |  |                   |
| [      | Do a         | any creditors have nonpriority unsecured claims again<br>No. You have nothing to report in this part. Submit thi<br>Yes. | -          | e court with your other schedules.   |                   |
| l<br>I | unse<br>f me | ecured claim, list the creditor separately for each claim. For   | each claim | er of the creditor who holds each claim. If a creditor has more listed, identify what type of claim it is. Do not list claims already in Part 3.If you have more than four priority unsecured claims fill ou | cluded in Part 1. |
|        |              |  |            |  | Total claim       |
| 4.1    |              | dvocate Health Care conpriority Creditor's Name  |            | Last 4 digits of account number  | \$508.00          |
|        | PC           | D Box 48458  |            | When was the debt incurred?n/a   |                   |
|        | Nı<br>—      | umber Street   |            | As of the date you file, the claim is: Check all that apply.  Contingent   |                   |
|        | O            | ak Park Michigan 48237   |            | Unliquidated   |                   |
|        | Ci           | ty State Zip Code  |            | Disputed   |                   |
|        |              | ho incurred the debt? Check one.  Debtor 1 only  |            | Type of NONPRIORITY unsecured claim:   |                   |
|        | Ľ            | Debtor 2 only  |            | Student loans  |                   |
|        | E            | Debtor 1 and Debtor 2 only   |            | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                   |
|        |              | At least one of the debtors and another  |            | Debts to pension or profit-sharing plans, and other similar debts  |                   |
|        |              | Check if this claim relates to a community debt  |            | Other. Specify Unpaid medical Bills  |                   |
|        | ls<br>•      | the claim subject to offset? No  |            |  |                   |
|        |              | Yes  |            |  |                   |
| 4.2    | AF           | FNI, INC.  |            | Lort 4 digits of account number 1116   | \$510.00          |
|        |              | onpriority Creditor's Name   |            | Last 4 digits of account number 1116  When was the debt incurred? 6/2016   |                   |
|        | _            | D Box 3517<br>umber Street   |            |  |                   |
|        | _            |  |            | As of the date you file, the claim is: Check all that apply.   |                   |
|        | ВІ           | oomington Illinois 61702   |            | Contingent   |                   |
|        | Ci           | ,  |            | Unliquidated   |                   |
|        | V            | ho incurred the debt? Check one.  Debtor 1 only  |            | Disputed   |                   |
|        |              | Debtor 2 only  |            | Type of NONPRIORITY unsecured claim:   |                   |
|        | F            | Debtor 1 and Debtor 2 only   |            | Student loans  |                   |
|        | F            | At least one of the debtors and another  |            | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                   |
|        | F            | Check if this claim relates to a community debt  |            | Debts to pension or profit-sharing plans, and other similar  |                   |
|        | L            | the claim subject to offset?   |            | debts  001 Collection; Collecting for  |                   |
|        | V            | No   |            | Other. Specify ORIGINAL CREDITOR: SPRINT   |                   |
|        | Ē            | Yes  |            |  |                   |
| 4.3    | BF           | RCLYSBANKDE  |            | Last 4 digits of account number 0837   | \$1,279.00        |
|        |              | onpriority Creditor's Name<br>D BOX 26182  |            | When was the debt incurred? 8/2015   |                   |
|        | _            | umber Street   |            |  |                   |
|        | _            |  |            | As of the date you file, the claim is: Check all that apply.  Contingent   |                   |
|        | W            | ILMINGTON Delaware 19899   |            | Unliquidated   |                   |
|        | Ci           | ,  |            | Disputed   |                   |
|        | V            | ho incurred the debt? Check one.  Debtor 1 only  |            |  |                   |
|        | F            | Debtor 2 only  |            | Type of NONPRIORITY unsecured claim:   |                   |
|        | F            | Debtor 1 and Debtor 2 only   |            | Student loans  Obligations grising out of a songration agreement or  |                   |
|        | F            | At least one of the debtors and another  |            | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                   |
|        | F            | Check if this claim relates to a community debt  |            | Debts to pension or profit-sharing plans, and other similar  |                   |
|        | L<br>le      | the claim subject to offset?   |            | debts  Other. Specify  CreditCard  |                   |
|        | Į.           | No   |            |  |                   |
|        | Ė            | Yes  |            |  |                   |

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Debtor 1 Wayne Thomas Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 City of Chicago - Parking and red Light Tickets \$1,200.00 Last 4 digits of account number Nonpriority Creditor's Name Department of Revenue - PO Box 88292 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60680 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unpaid Parking Tickets Is the claim subject to offset? **✓** No Yes ComEd 4.5 \$650.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated Oakbrook Terrace Illinois 60181 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Unpaid Light bills Is the claim subject to offset? **✓** No Yes CREDIT COLLECTION SERVICE 4.6 \$276.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? SHAWNEE SQUARE n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated CHILLICOTHE 45601 Ohio City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts

✓ No ☐ Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify \_

Other

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Debtor 1 Wayne Thomas Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 CREDMGMTCNTL \$71.00 Last 4 digits of account number 8015 Nonpriority Creditor's Name P.O. BOX 1654 When was the debt incurred? 4/2015 Number As of the date you file, the claim is: Check all that apply. Contingent 54301 **GREEN BAY** Wisconsin Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **V ORIGINAL CREDITOR: 01 ✓** No Other. Specify SPRING GREEN LAWN CARE Yes FIRST PREMIER BANK \$759.00 Last 4 digits of account number Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent Saint Cloud Minnesota 56302 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes **FST PREMIER** 4.9 \$660.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 900 W DELAWARE When was the debt incurred? 4/2015 Number As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57104 Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans

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Debtor 1 Wayne Thomas Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 \$657.00 Last 4 digits of account number Nonpriority Creditor's Name 900 W DELAWARE When was the debt incurred? 7/2016 Number As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57104 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.11 HONOR FIN \$1,939.00 Last 4 digits of account number Nonpriority Creditor's Name 1731 Central When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60201 Illinois Evanston City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_\_ 2003 GMC Astro Is the claim subject to offset? **✓** No Yes Illinois Tollway 4.12 \$571.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2700 Ogden Ave As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Unliquidated 60515 Downers Grove Illinois Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ **Unpaid Tolls** Is the claim subject to offset? **✓** No

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Debtor 1 Wayne Thomas Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Ingalls Health System \$1,488.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1 Ingalls Dr Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60426 Harvey Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unpaid medical Bills Is the claim subject to offset? **✓** No Yes 4.14 MERRICK BK \$677.00 0508 Last 4 digits of account number \_\_ Nonpriority Creditor's Name 5/2015 POB 9201 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent OLD BETHPAGE 11804 New York Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No Yes ONEMAIN 4.15 \$12,306.00 4015 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 499 When was the debt incurred? 8/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent HANOVER 21076 Maryland Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify 054 InstallmentLoan Is the claim subject to offset? **✓** No

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Debtor 1 Wayne Thomas Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 Rao Uppuluri MD SC \$429.00 Last 4 digits of account number Nonpriority Creditor's Name 12845 S Cicero # 202 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Alsip 60803 Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unpaid Medical Is the claim subject to offset? **✓** No Yes SYNCB/HDCEAP 4.17 \$1,062.00 Last 4 digits of account number \_\_ 7165 Nonpriority Creditor's Name 5501 U.S. Hwy 30 W Fort Wayne, IN When was the debt incurred? 11/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent Fort Wayne 46818 Indiana Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No

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| otor 1 Wayne                        |  |   | Inomas   | Case number <i>(if known)</i>   |
|-------------------------------------|--|---|--|---|
| First Name                          |  | Middle Name                                 | Last Name  | <u> </u>  |
| t 3: List Other                     | s to Be Notified                               | About a Debt Tha                            | t You Already Listed                             | d   |
| collection agen                     | cy is trying to colle<br>cy here. Similarly, i | ct from you for a de<br>f you have more tha | ebt you owe to someor<br>an one creditor for any | or a debt that you already listed in Parts 1 or 2. For example, if a see else, list the original creditor in Parts 1 or 2, then list the of the debts that you listed in Parts 1 or 2, list the additional ebts in Parts 1 or 2, do not fill out or submit this page. |
| Harris, Arnold                      |  |   | On which entry                                   | in Part 1 or Part 2 did you list the original creditor?   |
| Harris, Arnold Name  111 West Jacks | on B   |   | On which entry                                   | of (Check Part 1: Creditors with Priority Unsecured Claims  |
| Name                                |  |   | •  |   |
| Name                                |  | 60604                                       | Line 4.4   | of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured   |

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Thomas Case number (if known) Debtor 1 Wayne

| First Nar                   | ne Middle Name Last Name  |       |                                      |                   |
|-----------------------------|---|-------|--------------------------------------|-------------------|
| Part 4: Add th              | e Amounts for Each Type of Unsecured Claim  |       |                                      |                   |
|                             | mounts of certain types of unsecured claims. This information is tounts for each type of unsecured claim.   | for s | statistical reporting purposes only. | . 28 U.S.C. §159. |
|                             |   |       | Total claims                         |                   |
| Total claims<br>from Part 1 | 6a. Domestic support obligations.   | 6a.   | \$0.00                               |                   |
|                             | 6b. Taxes and certain other debts you owe the government  |       | \$90.00                              |                   |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.   | \$0.00                               |                   |
|                             | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.   | \$0.00                               |                   |
|                             | 6e. Total. Add lines 6a through 6d.   | 6e.   | \$90.00                              |                   |
|                             |   |       | Total claims                         |                   |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f.   | \$0.00                               |                   |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.   | \$0.00                               |                   |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.   | \$0.00                               |                   |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i.   | \$25,042.00                          |                   |
|                             | 6j. Total. Add lines 6f through 6i.   | 6j.   | \$25,042.00                          |                   |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | Wayne                     |             | Thomas               |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Sankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
| Case number                                     |                           |             | (State)              |  |  |  |  |
| (If known)                                      |                           |             |                      |  |  |  |  |

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|                  |                      |   | Do                               | cument Page 3                    | 6 of 7      | 9  |
|------------------|----------------------|---|----------------------------------|----------------------------------|-------------|--|
| Fill in t        | this infor           | mation to identify your o                 | case:                            |                                  |             |  |
| Debto            | r 1                  | Wayne                                     |                                  | Thomas                           |             |  |
| Dalata           | . 0                  | First Name                                | Middle Name                      | Last Name                        |             |  |
| Debto<br>(Spouse | r 2<br>e, if filing) | First Name                                | Middle Name                      | Last Name                        |             |  |
| United           | I States E           | Sankruptcy Court for the:                 | Northern                         | District of Illinois             |             |  |
| Case r           | number               |   |                                  | (State)                          |             |  |
| (If know         |                      |   |                                  |                                  | _           |  |
|                  |                      |   |                                  |                                  |             | Check if this is an amended filing   |
| Offi             | cial                 | Form 106H                                 |                                  |                                  |             |  |
| Sch              | البام                | e H: Your Co                              | debtors                          |                                  |             | 12/15  |
|                  |                      | = =                                       | =                                |                                  | -           | nd accurate as possible. If two married people are eded, copy the Additional Page, fill it out, and number   |
|                  |                      | he boxes on the left. At revery question. | ttach the Additional Page        | e to this page. On the top of    | any Add     | litional Pages, write your name and case number (if  |
| 1.               | Do you               | have any codebtors? (I                    | f you are filing a joint case, o | do not list either spouse as a c | codebtor.   |  |
|                  | ☐ No                 |   |                                  |                                  |             |  |
| 2.               | ✓ Ye                 |   | ou lived in a community n        | roporty state or torritory?      | Commur      | nity property states and territories include Arizona.  |
| 2.               |                      | • •                                       | , ,                              | co, Texas, Washington, and V     |             | , , ,  |
|                  |                      | o. Go to line 3.                          |                                  |                                  | 0           |  |
|                  |                      | No  | mer spouse, or legal equi        | valent live with you at the tin  | ie?         |  |
|                  |                      |   | ınity state or territory did y   | ou live?                         | _ Fill in t | he name and current address of that person.  |
|                  |                      | Name of your spouse,                      | former spouse, or legal equ      | ivalent                          | _           |  |
|                  |                      | Number Street                             |                                  |                                  | _           |  |
|                  |                      | City                                      | State                            | Zip Code                         | _           |  |
|                  |                      |   |                                  | ·                                |             |  |
| 3.               | again a              | s a codebtor only if tha                  | t person is a guarantor o        | r cosigner. Make sure you h      | ave liste   | use is filing with you. List the person shown in line 2 d the creditor on Schedule D (Official Form 106D), schedule E/F, or Schedule G to fill out Column 2. |
|                  | Column               | 1: Your codebtor                          |                                  |                                  | Colu        | umn 2: The creditor to whom you owe the debt   |
|                  |                      |   |                                  |                                  | Che         | ck all schedules that apply:   |
| 3.1              | Conley,              | Shawn                                     |                                  |                                  | <b>-</b> 🔽  | Schedule D, line 2.1   |
|                  | Name                 |   |                                  |                                  |             | Schedule E/F, line   |
|                  | Number               | Street                                    |                                  |                                  | _           | Schedule G, line   |
|                  | City                 |   | State                            | Zip Code                         | _ ⊔         | Concadic Ci, iii le  |
| 3.2              | Wilkes, I            | <br>_illian                               |                                  | F                                |             | Schodulo D. line 2.2.2.2   |
|                  | Name                 |   |                                  |                                  | <b>-</b> ✓  | Schedule D, line 2.2; 2.3; 2.4   |

60419

Zip Code

Schedule E/F, line\_\_\_\_\_

Schedule G, line \_\_

15722 S. ingleside

Illinois

State

Street

Number

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|                               |  |  | cument 1                    | age 51            |                    |                             |                   |                   |
|-------------------------------|--|--|-----------------------------|-------------------|--------------------|-----------------------------|-------------------|-------------------|
| Fill in this i                | nformation to identify                             | your case:   |                             |                   |                    |                             |                   |                   |
| Debtor 1                      | Wayne  |  | Thomas                      |                   |                    |                             |                   |                   |
|                               | First Name   | Middle Name  | Last Name                   | е                 | — Che              | eck if this is:             |                   |                   |
| Debtor 2<br>(Spouse, if filir | ng) First Name                                     | Middle Name  | Last Name                   |                   | -   -              | An amended fili             | ng                |                   |
|                               |  |  |                             |                   |                    | A supplement s              | howing post-      | -petition chapter |
| United State<br>the:          | es Bankruptcy Court for                            | Northern   | District of Illinois (State |                   |                    | expenses as of              |                   |                   |
| Case number                   | er   |  | (2.555)                     |                   | _                  | MM / DD / YYY               | <u> </u>          |                   |
| (lf known)                    |  |  |                             |                   |                    | MIMI / DD / YYY             | Υ                 |                   |
| Official                      | Form 106I  |  |                             |                   |                    |                             |                   |                   |
| <b>Sched</b> ı                | ule I: Your In                                     | come   |                             |                   |                    |                             |                   | 12/               |
| spouse. If n<br>number (if I  |  |  |                             | _                 |                    |                             |                   | -                 |
|                               |  |  | Debtor 1                    |                   |                    | Debtor 2                    |                   |                   |
| 1. Fill in yo informa         | our employment<br>tion.                            |  | 202101 1                    |                   |                    | 2001012                     |                   |                   |
| If you ha                     | ave more than one job,                             | Employment status  | Employed                    |                   |                    | <b>✓</b> Employed           | i                 |                   |
| attach a                      | separate page with ion about additional            |  | Not Emplo                   | oyed              |                    | Not Empl                    | oyed              |                   |
| employe                       |  | Occupation   | Maintenance                 |                   |                    | Housekeeping                | 9                 |                   |
|                               | part time, seasonal, or                            | Employer's name  | Chatham Park                | Village           |                    | Advocate Hea                | lth Care          |                   |
|                               | bloyed work.                                       | Employer's address                                       | 737 E. 83rd P               | lace              |                    | 4220 W. 95th                | ı St.             |                   |
| •                             | tion may include student<br>emaker, if it applies. |  | Number Street               |                   |                    | Number Street               |                   |                   |
|                               |  |  | -                           |                   |                    | _                           |                   |                   |
|                               |  |  | Chicago<br>City             | Illinois<br>State | 60619<br>Zip Code  | Oak Lawn<br>City            | Illinois<br>State | 60453<br>Zip Code |
|                               |  | How long employed there?                                 |                             |                   |                    |                             |                   |                   |
| Estimate r                    | monthly income as of less you are separated.       | Monthly Income   | <b>n.</b> If you have not   | hing to repo      | rt for any line, v | write \$0 in the sp         | pace. Include     | e your non-filing |
|                               |  | e more than one employer,                                | combine the info            | rmation for a     | all employers fo   | or that person or           | n the lines be    | low. If you need  |
| more spac                     | e, attach a separate she                           | et to this form.   |                             | For D             | Debtor 1           | For Debtor 2 non-filing spo |                   |                   |
|                               |  | ary, and commissions (before, calculate what the monthly |                             |                   | \$3,542.56         |                             | \$3,252.49        |                   |
|                               | ate and list monthly ove                           | rtime pay.   | 3.                          |                   | + \$0.00           |                             | + \$0.00          |                   |

\$3,542.56

\$3,252.49

4. Calculate gross income. Add line 2 + line 3.

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| Debtor 1 Wayne   | Thomas                | Case number               | (if                               |                         |
|--|-----------------------|---------------------------|-----------------------------------|-------------------------|
| First Name Middle Name   | Last Name             | known) For Debtor 1       | For Debtor 2 or non-filing spouse |                         |
| Copy line 4 here   | <b>→</b> 4            | \$3,542.56                | \$3,252.49                        |                         |
| 5. List all payroll deductions:  |                       |                           |                                   |                         |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.                   | \$637.94                  | \$695.11                          |                         |
| 5b. Mandatory contributions for retirement plans   | 5b.                   | \$0.00                    | \$0.00                            |                         |
| 5c. Voluntary contributions for retirement plans   | 5c.                   | \$0.00                    | \$195.15                          |                         |
| 5d. Required repayments of retirement fund loans   | 5d.                   | \$0.00                    | \$0.00                            |                         |
| 5e. Insurance  | 5e.                   | \$0.00                    | \$30.33                           |                         |
| 5f. Domestic support obligations   | 5f.                   | \$0.00                    | \$0.00                            |                         |
| 5g. Union dues   | 5g                    | \$0.00                    | \$0.00                            |                         |
| 5h. Other deductions. Specify:   | 5h. +                 | \$20.00 +                 | \$7.26                            |                         |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5h$ .   | -5f + 5g 6.           | \$657.94                  | \$927.85                          |                         |
| 7. Calculate total monthly take-home pay. Subtract line 6 from li  | ne 4. 7.              | \$2,884.62                | \$2,324.64                        |                         |
| 8. List all other income regularly received:   |                       |                           |                                   |                         |
| 8a. Net income from rental property and from operating a business, profession, or farm   |                       |                           |                                   |                         |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, ar the total monthly net income.   | nd<br>8a.             | \$0.00                    | \$0.00                            |                         |
| 8b. Interest and dividends   | 8b.                   | \$0.00                    | \$0.00                            |                         |
| 8c. Family support payments that you, a non-filing spouse, o dependent regularly receive   | or a                  |                           |                                   |                         |
| Include alimony, spousal support, child support, maintenanc divorce settlement, and property settlement.   | e,<br>8c. <u>-</u>    | \$0.00                    | \$0.00                            |                         |
| 8d. Unemployment compensation  | 8d.                   | \$0.00                    | \$0.00                            |                         |
| 8e. Social Security  | 8e.                   | \$0.00                    | \$0.00                            |                         |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benef under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | its<br>8f.            | \$0.00                    | \$0.00                            |                         |
| 8g. Pension or retirement income   | 8g.                   | \$0.00                    | \$0.00                            |                         |
| 8h. Other monthly income. Specify:   | 8h. +                 | \$0.00 +                  | \$0.00                            |                         |
| 9. <b>Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g   | g + 8h. 9.            | \$0.00                    | \$0.00                            |                         |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing   | spouse 10.            | \$2,884.62 +              | \$2,324.64                        | \$5,209.26              |
| <ol> <li>State all other regular contributions to the expenses that y         Include contributions from an unmarried partner, members of your friends or relatives.     </li> <li>Do not include any amounts already included in lines 2-10 or am</li> </ol>          | ur household, your d  | ependents, your roomm     |                                   |                         |
| Specify:   |                       |                           | 1                                 | 11. +\$0.00             |
| 12. Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical S   |                       |                           | ,                                 | \$5,209.26              |
| White that amount on the commany of concours and chaistical c  | commany or contain E  | abilities and molecule ba | ee, ii it applies                 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after No.  Yes. Explain:   | r you file this form? |                           |                                   | ·<br>                   |
| L 165. LAPIGIT.  |                       |                           |                                   |                         |

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Debtor 1 Wayne Thomas Case number (if First Name Middle Name Last Name known)

#### Part 2: Give Details About Monthly Income

#### Official Form 106I. Additional page.

|  | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------|-----------------------------------|
| 5h.Other payroll deductions. Specify:    |              |                                   |
| 1. Healthcare                            | \$0.00       | \$7.26                            |
| 2. Involuntary Deductions for Employment | \$20.00      | \$0.00                            |

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|  |  | Do   | ocument Page 4                                 | 10 of 79   |                     |                                   |
|--|--|--|--|--|---------------------|-----------------------------------|
| Fill in this infor                                     | mation to identify y                     | our case:  |  |  |                     |                                   |
| Debtor 1   | Wayne                                    |  | Thomas   |  |                     |                                   |
| Debtor 2   | First Name                               | Middle Name  | Last Name                                      | Check if this is:  |                     |                                   |
| (Spouse, if filing)                                    | First Name                               | Middle Name  | Last Name                                      | An amended fili  | ng                  |                                   |
| United States B  | ankruptcy Court for                      | the: Northern  | District of Illinois (State)                   | A supplement s expenses as of                                      |                     | st-petition chapter 13<br>g date: |
| Case number (If known)                                 |  |  |  |  | <u></u>             |                                   |
|  | Form 106                                 | <del></del>  |  |  |                     | 12/15                             |
| Be as complete<br>information. If i<br>(if known). Ans | and accurate as                          | possible. If two married peop<br>ded, attach another sheet to<br>n.    |  | are equally responsible for sup<br>vadditional pages, write your r |                     | ect                               |
| 1. Is this a join                                      | nt case?                                 |  |  |  |                     |                                   |
| ✓ No. Go   | to line 2                                |  |  |  |                     |                                   |
| Yes. Do  | oes Debtor 2 live i                      | n a separate household?  |  |  |                     |                                   |
|  | ☐ No                                     |  |  |  |                     |                                   |
|  | Yes. Debtor 2 m                          | ust file Official Forms 106J-2, <i>E</i> .                             | xpenses for Separate Househo                   | old of Debtor 2.   |                     |                                   |
| 2. Do you have   | =<br>e dependents?                       | <b>✓</b> No  |  |  |                     |                                   |
| Do not list D<br>Debtor 2.                             |  | Yes. Fill out this information each dependent                          | for Dependent's relations Debtor 1 or Debtor 2 | ship to Dependent's age  | Does de<br>with you | ependent live<br>u?               |
|  | enses include<br>f people other          | <b>√</b> No  |  |  |                     |                                   |
| than<br>yourself and<br>dependents                     | d your                                   | Yes  |  |  |                     |                                   |
|  |  | ing Monthly Expenses   |  |  |                     |                                   |
| _  | f a date after the                       |  | -  | as a supplement in a Chapter 1<br>check the box at the top of the  |                     | •                                 |
|  | •  | non-cash government assistar<br>ded it on Sc <i>hedule I: Your Inc</i> | -  | f  |                     | Your expenses                     |
|  | or home ownersh<br>or the ground or lot. | ip expenses for your residenc<br>4.                                    | e. Include first mortgage payr                 | nents and  | 4.                  | \$776.00                          |
| If not incl  | uded in line 4:                          |  |  |  |                     |                                   |
| 4a. Real es  | state taxes                              |  |  |  | 4a                  | \$0.00                            |

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Wayne Thomas Case number (if known)
First Name Middle Name Last Name

| FIISUNAINE  | Mildule Name Last Name  |     |               |
|---|---|-----|---------------|
|   |   |     | Your expenses |
| 5. Additional mortgage payments f                                       | or your residence, such as home equity loans                            | 5.  | \$220.00      |
| 6. Utilities:   |   |     |               |
| 6a. Electricity, heat, natural gas                                      |   | 6a. | \$500.00      |
| 6b. Water, sewer, garbage collection                                    | n   | 6b. | \$60.00       |
| 6c. Telephone, cell phone, Interne                                      | t, satellite, and cable services  | 6c. | \$320.00      |
| 6d. Other. Specify:   |   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies                                       | •   | 7.  | \$1,288.00    |
| 8. Childcare and children's educate                                     | ion costs   | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleani                                    | ng  | 9.  | \$150.00      |
| 10. Personal care products and ser                                      | vices   | 10. | \$150.00      |
| 11. Medical and dental expenses   |   | 11. | \$150.00      |
| 12. <b>Transportation.</b> Include gas, mai Do not include car payments | ntenance, bus or train fare.  | 12. | \$400.00      |
| 13. Entertainment, clubs, recreation                                    | n, newspapers, magazines, and books                                     | 13. | \$0.00        |
| 14. Charitable contributions and re                                     | ligious donations   | 14. | \$120.00      |
| 15. <b>Insurance.</b> Do not include insurance deducted                 | f from your pay or included in lines 4 or 20.                           |     |               |
| 15a. Life insurance   |   | 15a | \$0.00        |
| 15b. Health insurance   |   | 15b | \$0.00        |
| 15c. Vehicle insurance  |   | 15c | \$275.00      |
| 15d. Other insurance. Specify:  |   | 15d | \$0.00        |
| 16. Taxes. Do not include taxes dedu                                    | cted from your pay or included in lines 4 or 20.                        |     |               |
| Specify:  |   | 16  | \$0.00        |
| 17. Installment or lease payments:                                      |   |     |               |
| 17a. Car payments for Vehicle 1   |   | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2   |   | 17b | \$0.00        |
| 17c. Other. Specify:  |   | 17c | \$0.00        |
|   |   | 17d | \$0.00        |
|   | ntenance, and support that you did not report as deducted from          |     | \$0.00        |
|   | Your Income (Official Form 106I).                                       | 18. |               |
| Specify:  | pport others who do not live with you.                                  | 10  | <b>#0.00</b>  |
|   | ot included in lines 4 or 5 of this form or on Schedule I: Your Income. | 19. | \$0.00        |
| 20a. Mortgages on other property  | it included in lines 4 of 5 of this form of on schedule i. Four income. | 20a | \$0.00        |
| 20b. Real estate taxes.   |   | 20b | \$0.00        |
| 20c. Property, homeowner's, or re                                       | nter's insurance  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upk                                       |   | 20d | \$0.00        |
| 20e. Homeowner's association or   |   | 20e | \$0.00        |
|   |   |     | Ψ0.00         |

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| Debtor 1          | Wayne                   |   | Thomas                    | Case number (if known) |     |            |
|-------------------|-------------------------|---|---------------------------|------------------------|-----|------------|
|                   | First Name              | Middle Name   | Last Name                 |                        |     |            |
| 21. <b>Othe</b> i | r. Specify:             |   |                           |                        | 21  | \$0.00     |
| 22. <b>Calc</b>   | ulate your monthly ex   | rpenses.  |                           |                        |     | \$4,409.00 |
| 22a. A            | Add lines 4 through 21. |   |                           |                        |     | \$0.00     |
| 22b. (            | Copy line 22 (monthly e | expenses for Debtor 2), if any,                                 | from Official Form 106J-2 |                        |     | \$4,409.00 |
| 22c. A            | Add line 22a and 22b.   | The result is your monthly exp                                  | enses.                    |                        | 22. | Ψ+,+00.00  |
| 23.Calcu          | late your monthly ne    | t income.   |                           |                        |     |            |
| 23a. (            | Copy line 12 (your com  | bined monthly income) from S                                    | Schedule I.               |                        | 23a | \$5,209.26 |
| 23b. (            | Copy your monthly exp   | enses from line 22 above.                                       |                           |                        | 23b | \$4,409.00 |
| 23c. S            | Subtract your monthly e | expenses from your monthly in                                   | icome.                    |                        |     | \$800.26   |
|                   | The result is your mont | thly net income.  |                           |                        | 23c |            |
| mort              |                         | t to finish paying for your car lase or decrease because of a n |                           |                        |     |            |
|                   |                         |   |                           |                        |     |            |

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| Fill in this infor        | mation to identify your ca | ase:        |                              |  |
|---------------------------|----------------------------|-------------|------------------------------|--|
| Debtor 1                  | Wayne                      |             | Thomas                       |  |
|                           | First Name                 | Middle Name | Last Name                    |  |
| Debtor 2                  |                            |             |                              |  |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name                    |  |
| United States E           | Bankruptcy Court for the:  | Northern    | District of Illinois (State) |  |
| Case number<br>(If known) |                            |             | (State)                      |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to I  | help you fill out bankruptcy forms?   |
|     | ✓ No   |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and   |
|     | that they are true and correct.                                  |   |
| ×   | /s/ Wayne Thomas   | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 4/3/2017  | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

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| Fill ir         | n this inf              | formation to identify your   | case:                             |                            |                   |                  |                   |                                   |
|-----------------|-------------------------|--|-----------------------------------|----------------------------|-------------------|------------------|-------------------|-----------------------------------|
| Debt            | tor 1                   | Wayne<br>First Name  | Middle                            | Thoma:<br>Name Last Na     |                   | -                |                   |                                   |
| Debt<br>(Spou   | tor 2<br>use, if filing | First Name   | Middle                            | Name Last Na               | ıme               | -                |                   |                                   |
| Unite           | ed States               | s Bankruptcy Court for the:  | Northern                          | District of Illin          |                   | _                |                   |                                   |
| Case<br>(If kno | e numbe                 | er   |                                   | (St                        | ate)              | _                |                   |                                   |
|                 |                         | l Form 107   |                                   |                            |                   |                  |                   | Check if this is a amended filing |
|                 |                         | ent of Financia  | al Affaira f                      | ior Individual             | . Eilina fa       | u Bankuu         | unto.             | Ç.                                |
| Be as           | s comp<br>mation        | plete and accurate as po<br>i. If more space is need<br>known). Answer every c               | ossible. If two med, attach a sep | arried people are filing   | g together, bo    | th are equally i | responsible for s |                                   |
| Part            | 1: Gi                   | ve Details About Your  | Marital Status                    | and Where You Live         | d Before          |                  |                   |                                   |
| 1.              | What                    | is your current marital st   | atus?                             |                            |                   |                  |                   |                                   |
|                 | Ľ                       | Married<br>lot married   |                                   |                            |                   |                  |                   |                                   |
| 2.              | During                  | g the last 3 years, have y   | ou lived anywher                  | e other than where you     | live now?         |                  |                   |                                   |
|                 | ✓ N                     | lo<br>'es. List all of the places y  | ou lived in the las               | t 3 years. Do not include  | e where you live  | now.             |                   |                                   |
|                 | D                       | Debtor 1:  |                                   | Dates Debtor 1 lived there | Debtor 2:         |                  |                   | Dates Debtor 2 lived there        |
|                 |                         |  |                                   |                            | Same              | as Debtor 1      |                   | Same as Debtor 1                  |
|                 | N<br>—                  | lumber Street  |                                   | From                       | Number St         | reet             |                   | From                              |
|                 | C                       | City State   | Zip Code                          |                            | City              | State            | Zip Code          |                                   |
|                 |                         |  |                                   |                            | Same              | as Debtor 1      |                   | Same as Debtor 1                  |
|                 | N                       | lumber Street  |                                   | From                       | Number St         | reet             |                   | From<br>To                        |
|                 | C                       | City State   | Zip Code                          |                            | City              | State            | Zip Code          |                                   |
|                 | and tem                 | the last 8 years, did you o<br>itories include Arizona, Calif<br>s. Make sure you fill out S | omia, Idaho, Louis                | siana, Nevada, New Mexic   | o, Puerto Rico, 1 |                  |                   |                                   |

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Thomas

Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$5500.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$45000.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$45000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

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**Thomas** Debtor 1 Wayne \_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or '             | 1 Wayne                                  |                                      |  | Th                                       | iomas   | Case number                                  | (if known)   |
|------------------|--|--------------------------------------|--|--|---|--|--|
|                  | First Name                               |                                      | Middle Name  | La                                       | st Name                                       |  |  |
| nsi<br>or<br>ige | iders include your<br>porations of whicl | relatives; and you are a for a busin | any general partner<br>an officer, director,<br>ness you operate a | s; relatives of any<br>person in control | general partners; par<br>, or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? You are a general partner; It is securities; and any managing To domestic support obligations, |
| <b>√</b>         | No                                       |                                      |  |  |   |  |  |
|                  | Yes. List all pay                        | ments to                             | an insider.  | Dates of                                 | Total amount                                  | Amount you                                   | Reason for this payment  |
|                  |  |                                      |  | payment                                  | paid  | still owe                                    | neason for this payment  |
|                  | Insider's Name                           |                                      |  |  |   |  |  |
|                  | Number Street                            |                                      |  |  |   |  |  |
|                  | City                                     | State                                | Zip Code   |  |   |  |  |
|                  | Insider's Name                           |                                      |  |  |   |  |  |
|                  | Number Street                            |                                      |  |  |   |  |  |
|                  | - Olicet                                 |                                      |  |  |   |  |  |
|                  | City                                     | State                                | Zip Code   |  |   |  |  |
| insi             | der?<br>ude payments on<br>No            | debts gua                            | aranteed or cosigne  | ed by an insider.                        | Total amount paid                             | Amount you still owe                         | Reason for this payment  Include creditor's name   |
|                  | Insider's Name                           |                                      |  |  | <u> </u>                                      |  |  |
|                  | Number Street                            |                                      |  |  |   |  |  |
|                  | City                                     | State                                | Zip Code   |  |   |  |  |
|                  | Insider's Name                           |                                      |  |  |   |  |  |
|                  | Number Street                            |                                      |  |  |   |  |  |
|                  |  |                                      |  |  |   |  |  |
|                  | City                                     | State                                | Zip Code   |  |   |  |  |

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Debtor 1 Wayne Thomas Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property 2003 GMC Astro 01/2017 \$0 HONOR FIN Creditor's Name Explain what happened 1731 Central Number Street Property was repossessed. Property was foreclosed. Evanston Illinois 60201 Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City Zip Code State Property was attached, seized, or levied.

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| Debt | or 1            | Wayne                         |   | Thomas                      | Case number (if known)        | )                        |                    |
|------|-----------------|-------------------------------|---|-----------------------------|-------------------------------|--------------------------|--------------------|
|      | Ī               | First Name                    | Middle Name   | Last Name                   |                               |                          |                    |
| 11.  |                 |                               | ou filed for bankruptcy, did ar<br>lake a payment because you |                             | ank or financial institution, | set off any amou         | nts from your      |
|      | <b>✓</b>        | No<br>Yes. Fill in the detail | ls.   |                             |                               |                          |                    |
|      |                 |                               |   | Describe the action the     | creditor took                 | Date action was taken    | Amount             |
|      |                 | Creditor's Name               |   |                             |                               |                          |                    |
|      |                 | Number Street                 |   |                             |                               |                          |                    |
|      |                 |                               |   | Last 4 digits of account n  | number: XXXX-                 |                          |                    |
| 10   | \ <b>A/i</b> +b | ,                             | itate Zip Code  I filed for bankruptcy, was an                | y of your proporty in the   | oossossion of an assignoo fo  | or the benefit of a      | proditors a court- |
| 12.  |                 |                               | ustodian, or another official?                                | y or your property in the p | ossession of all assignee to  | or the benefit of t      | neditors, a court- |
|      |                 | No<br>Yes                     |   |                             |                               |                          |                    |
| Part | <b>5</b> :      | List Certain Gifts            | and Contributions   |                             |                               |                          |                    |
| 13.  | Wit             | thin 2 years before y         | ou filed for bankruptcy, did y                                | ou give any gifts with a to | otal value of more than \$600 | ) per person?            |                    |
|      | <b>✓</b>        | No<br>Yes. Fill in the deta   | ils for each gift.  |                             |                               |                          |                    |
|      |                 | Gifts with a total va         | alue of more than \$600                                       | Describe the gifts          |                               | Dates you gave the gifts | Value              |
|      |                 | Person to Whom You            | u Gave the Gift   |                             |                               |                          |                    |
|      |                 | Number Street                 |   |                             |                               |                          |                    |
|      |                 |                               | itate Zip Code  |                             |                               |                          |                    |
|      |                 | Person's relationship         | to you<br>-   |                             |                               |                          |                    |
|      |                 | Person to Whom You            | u Gave the Gift   |                             |                               |                          |                    |
|      |                 | Number Street                 |   |                             |                               |                          |                    |
|      |                 | City S Person's relationship  | itate Zip Code  |                             |                               |                          |                    |
|      |                 | i erson s relationship        | to you  |                             |                               |                          |                    |

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| Debt | tor 1    | Wayne   |               | Thomas                     | Case number (if knowl           | 7)                   |                    |
|------|----------|---|---------------|----------------------------|---------------------------------|----------------------|--------------------|
|      |          | First Name Middle   | Name          | Last Name                  |                                 |                      |                    |
|      |          |   |               |                            |                                 |                      |                    |
| 14.  | Wit      | hin 2 years before you filed for bankr  | uptcy, did yo | u give any gifts or contri | butions with a total value o    | f more than \$600    | to any charity?    |
|      |          | No  |               |                            |                                 |                      |                    |
|      |          |   |               |                            |                                 |                      |                    |
|      | Ш        | Yes. Fill in the details for each gift or   | contribution. |                            |                                 |                      |                    |
|      |          | Gifts or contributions to charities   |               | Describe what you con      | tributed                        | Date you             | Value              |
|      |          | that total more than \$600  |               |                            |                                 | contributed          |                    |
|      |          |   |               |                            |                                 |                      |                    |
|      |          | Charity's Name  |               |                            |                                 |                      |                    |
|      |          | Chanty's Name   |               |                            |                                 |                      |                    |
|      |          | -   | -             |                            |                                 |                      |                    |
|      |          | N. J. O. J.   |               |                            |                                 |                      |                    |
|      |          | Number Street   |               |                            |                                 |                      |                    |
|      |          | City State Zip  | Code          |                            |                                 |                      |                    |
|      |          | Oity State Zip  | Code          |                            |                                 |                      |                    |
| Dort | 6.       | List Certain Losses   |               |                            |                                 |                      |                    |
| ган  | ٥.       | List dei taili Losses   |               |                            |                                 |                      |                    |
|      |          |   | _             |                            |                                 |                      |                    |
| 15.  |          | hin 1 year before you filed for bankru  | ptcy or since | you filed for bankruptcy   | , did you lose anything bec     | ause of theft, fire, | other disaster, or |
|      | gan      | nbling?   |               |                            |                                 |                      |                    |
|      | <b>V</b> | No  |               |                            |                                 |                      |                    |
|      | Ħ        | Yes. Fill in the details.   |               |                            |                                 |                      |                    |
|      | Ш        |   |               |                            |                                 |                      |                    |
|      |          | Describe the property you lost and  |               |                            | e coverage for the loss         | Date of your         | Value of property  |
|      |          | how the loss occurred   |               | Include the amount that    | s on line 33 of <i>Schedule</i> | loss                 | lost               |
|      |          |   |               | A/B: Property.             | s on line 33 of <i>Schedule</i> |                      |                    |
|      |          |   |               | 7.727.70po.ty.             |                                 |                      |                    |
|      |          |   |               |                            |                                 |                      |                    |
| Dart | 7.       | List Certain Payments or Transf   | fore          |                            |                                 |                      |                    |
|      |          | ut seeking bankruptcy or preparing a ude any attorneys, bankruptcy petition p   |               |                            | or services required in your ba | nkruptcy.            |                    |
|      | ✓        | Yes. Fill in the details.   |               |                            |                                 |                      |                    |
|      |          |   |               | Description and value of   | of any property                 | Date payment         | Amount of          |
|      |          |   |               | transferred                |                                 | or transfer          | payment            |
|      |          |   |               |                            |                                 | was made             |                    |
|      |          | Semrad Law Firm   |               | Attorney's Fee - 350.00    |                                 | 3/14/2017            | \$350.00           |
|      |          | Person Who Was Paid   |               |                            |                                 |                      |                    |
|      |          | 11101 S. Western Avenue   |               |                            |                                 |                      |                    |
|      |          | Number Street   |               |                            |                                 |                      |                    |
|      |          |   |               |                            |                                 |                      |                    |
|      |          | -   | 0.10          |                            |                                 |                      |                    |
|      |          | Chicago Illinois 60   |               |                            |                                 |                      |                    |
|      |          |   | 643<br>Code   |                            |                                 |                      |                    |
|      |          |   | Code          |                            |                                 |                      |                    |
|      |          |   |               |                            |                                 |                      |                    |
|      |          | City State Zip Email or website address   | Code          |                            |                                 |                      |                    |
|      |          | City State Zip  | Code          |                            |                                 |                      |                    |
|      |          | City State Zip Email or website address   | Code          |                            |                                 |                      |                    |
|      |          | City State Zip Email or website address   | Code          |                            |                                 |                      |                    |
|      |          | City State Zip  Email or website address  Person Who Made the Payment, if Not   | Code          |                            |                                 |                      |                    |
|      |          | City State Zip  Email or website address  Person Who Made the Payment, if Not   | Code          |                            |                                 |                      |                    |
|      |          | City State Zip  Email or website address  Person Who Made the Payment, if Not  Person Who Was Paid                                | Code          |                            |                                 |                      |                    |
|      |          | City State Zip  Email or website address  Person Who Made the Payment, if Not  Person Who Was Paid                                | Code          |                            |                                 |                      |                    |
|      |          | City State Zip  Email or website address  Person Who Made the Payment, if Not  Person Who Was Paid  Number Street                 | You           |                            |                                 |                      |                    |
|      |          | City State Zip  Email or website address  Person Who Made the Payment, if Not  Person Who Was Paid  Number Street                 | Code          |                            |                                 |                      |                    |
|      |          | City State Zip  Email or website address  Person Who Made the Payment, if Not  Person Who Was Paid  Number Street                 | You           |                            |                                 |                      |                    |
|      |          | City State Zip  Email or website address  Person Who Made the Payment, if Not  Person Who Was Paid  Number Street  City State Zip | You  Code     |                            |                                 |                      |                    |

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| Debto   | or 1 Wayne   |   | Thomas  | Case number (if known)      |                                     |                              |
|---------|--|---|---|-----------------------------|-------------------------------------|------------------------------|
|         | First Name   | Middle Name                             | Last Name   |                             |                                     |                              |
| h       | Within 1 year before you filed for be help you deal with your creditors on the noting to not include any payment or transf   | or to make paym                         | ents to your creditors?                           | r behalf pay or transfer a  | ny property to any                  | one who promised to          |
|         | No Yes. Fill in the details.   |   |   |                             |                                     |                              |
|         |  |   | Description and value of any transferred          | / property                  | Date A payment or transfer was made | Amount of payment            |
|         | Person Who Was Paid  |   |   |                             |                                     |                              |
|         | Number Street  |   |   |                             |                                     |                              |
|         | City State   | Zip Code                                |   |                             |                                     |                              |
| t<br>Ii | Within 2 years before you filed for the ordinary course of your busine Include both outright transfers and trand transfers that you have already lis  No Yes. Fill in the details. | ss or financial at<br>ansfers made as s | ffairs?<br>security (such as the granting of a s  |                             | •                                   |                              |
|         | <b>□</b> · · · · · · · · · · · · · · · · · · ·   |   | Description and value of any property transferred |                             | property or<br>eived or debts paic  | Date<br>transfer was<br>made |
|         | Person Who Received Transfer   |   |   |                             |                                     |                              |
|         | Number Street  |   |   |                             |                                     |                              |
|         | City State<br>Person's relationship to you   | Zip Code                                |   |                             |                                     |                              |
|         | Person Who Received Transfer   |   |   |                             |                                     |                              |
|         | Number Street  |   |   |                             |                                     |                              |
|         | City State<br>Person's relationship to you   | Zip Code                                |   |                             |                                     |                              |
| b       | Within 10 years before you filed for beneficiary? (These are often called asset-protection)  No  |   | d you transfer any property to a                  | self-settled trust or simil | ar device of which                  | you are a                    |
| L       | Yes. Fill in the details.  |   | Description and value of the                      | e property transferred      |                                     | Date<br>transfer was<br>made |
|         | Name of trust  |   |   |                             |                                     |                              |

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**Thomas** Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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Debtor 1 Wayne Thomas Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Deb  |  | Wayne                                   |                |                                       | Tho                       | mas            | Cas                  | e number <i>(ii</i> | fknown)       |                |                                  |
|------|--|---|----------------|---------------------------------------|---------------------------|----------------|----------------------|---------------------|---------------|----------------|----------------------------------|
|      |  | First Name                              |                | Middle Name                           | Last                      | Name           |                      |                     |               |                | _                                |
| 26.  | Hav  | e you been a part                       | y in any judic | ial or administr                      | ative procee              | ding under     | any environmen       | ıtal law? In        | clude settler | ments and ord  | lers.                            |
|      |  | No<br>Yes. Fill in the det              | tails.         |                                       |                           |                |                      |                     |               |                |                                  |
|      |  |   |                |                                       | Court or age              | ncy            |                      | Nature (            | of the case   |                | Status of the case               |
|      |  | Case title                              |                |                                       |                           |                |                      |                     |               |                | Pending                          |
|      |  |   |                |                                       | Court Name                |                |                      |                     |               |                | On appeal                        |
|      |  | Case number                             |                |                                       | Number Stree <sup>®</sup> | t              |                      |                     |               |                | Concluded                        |
|      |  | 1                                       |                |                                       | City                      | State          | Zip Code             |                     |               |                |                                  |
| Part | Part 11: Give Details About Your Business or Connections to Any Business |   |                |                                       |                           |                |                      |                     |               |                |                                  |
| 27.  | With   | nin 4 years before                      |                |                                       |                           |                | -                    | _                   |               | o any busines  | s?                               |
|      |  |   |                | mployed in a tra<br>oility company (L | -                         |                | activity, either for | ull-time or p       | oart-time     |                |                                  |
|      |  | A partner in a                          |                |                                       | .EO) OF INTINCO           | a liability pa |                      |                     |               |                |                                  |
|      |  |   |                | naging executiv                       | •                         |                |                      |                     |               |                |                                  |
|      |  | _                                       |                | f the voting or e                     |                           | es of a corp   | poration             |                     |               |                |                                  |
|      | 씜  | No. None of the a<br>Yes. Check all tha |                |                                       |                           | v for each b   | ousiness.            |                     |               |                |                                  |
|      |  |   | 11.5           |                                       |                           |                | ire of the busine    | ss                  |               |                | number Do not<br>number or ITIN. |
|      |  | Business Name                           |                |                                       | _                         |                |                      |                     | EIN:          | ·              |                                  |
|      |  |   |                |                                       | _                         |                |                      |                     | Dotos busi    | ness existed   |                                  |
|      |  | Number Street                           |                |                                       | Name                      | of account     | ant or bookkeep      | er                  | Dates busi    | illess existed |                                  |
|      |  | City                                    | State          | Zip Code                              |                           |                |                      |                     | From          | To             |                                  |
|      |  |   |                |                                       |                           |                |                      |                     |               |                |                                  |
|      |  |   |                |                                       | Descri                    | be the natu    | re of the busine     | SS                  |               |                | number Do not<br>number or ITIN. |
|      |  | Business Name                           |                |                                       | _                         |                |                      |                     | EIN:          |                |                                  |
|      |  | Number Street                           |                |                                       |                           |                |                      |                     | Dates busi    | ness existed   |                                  |
|      |  | City                                    | State          | Zip Code                              | Name<br>—                 | of accounta    | ant or bookkeep      | er                  | From          | To             |                                  |
|      |  | S., y                                   | Clair          | <u> </u>                              |                           |                |                      |                     | 110111        | 10             |                                  |
|      |  |   |                |                                       |                           |                |                      |                     |               |                |                                  |
|      |  |   |                |                                       | Descri                    | be the natu    | ire of the busine    | SS                  |               |                | number Do not<br>number or ITIN. |
|      |  | Business Name                           |                |                                       | _                         |                |                      |                     | EIN:          |                |                                  |
|      |  | Number Street                           |                |                                       | _                         | _              |                      |                     | Dates busi    | ness existed   |                                  |
|      |  | City                                    | State          | Zip Code                              | Name<br>—                 | of accounta    | ant or bookkeep      | er                  | From          | To             |                                  |
|      |  |   |                |                                       |                           |                |                      |                     |               |                |                                  |
|      |  |   |                |                                       |                           |                |                      |                     |               |                |                                  |

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| Debt            | tor 1 Wayne     |  |  | Thomas                        | Case number (if known)   |
|-----------------|-----------------|--|--|-------------------------------|--|
|                 | First Name      |  | Middle Name                                    | Last Name                     |  |
| 28.             | creditors, or o | -  |  | u give a financial stateme    | ent to anyone about your business? Include all financial institutions,   |
|                 |                 |  |  | Date issued                   |  |
|                 |                 |  |  |                               |  |
|                 | Name            |  |  | MM/DD/YYYY                    |  |
|                 | Number          | Street                                     |  | _                             |  |
|                 |                 |  |  |                               |  |
|                 | City            | State                                      | Zip Code                                       | _                             |  |
| Part            | 12: Sign Be     | low  |  |                               |  |
| t               | rue and correc  | et. I understand th<br>ase can result in f | at making a false sta<br>ines up to \$250,000, | tement, concealing prope      | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|                 | •               | /s/ Wayne The Signature of Debt            |  |                               | Signature of Debtor 2  |
|                 |                 | Signature or Debi                          | OI I   |                               | Signature of Debtor 2  |
|                 |                 | Date 4/3/2017                              |  |                               | Date 4/3/2017  |
| [               | ✓ No<br>Yes     |  |  |                               | duals Filing for Bankruptcy (Official Form 107)?   |
| ļ .             | _               | agree to pay some                          | one who is not an at                           | torney to help you fill out I | Dankruptcy tornis?   |
| <u> </u><br>  [ | ✓ No Yes. Name  | of person                                  |  |                               | Attach the Bankruptcy Petition Preparer's Notice,  |

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B2030 (Form 2030) (12/15)

In

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| re | Wayne Thomas   | Northern Dis                      | Case No.                            |   |
|----|--|-----------------------------------|-------------------------------------|---|
| _  | Debtor   |                                   | Oase No.                            | (If known)  |
|    |  |                                   | Chapter                             | Chapter 13  |
| 1. | DISCLOSURE OF ( Pursuant to 11 U.S.C. § 329(a) and Fe compensation paid to me within one y               | ed. Bankr. P. 2016(b), I ce       | rtify that I am the attorney for th | e abovenamed debtor(s) and that                                     |
|    | rendered or to be rendered on behalf of  |                                   |                                     |   |
|    | For legal services, I have agreed to acc   | cept                              |                                     | \$4,000.00  |
|    | Prior to the filing of this statement I ha   | ave received                      |                                     | \$350.00  |
|    | Balance Due  |                                   |                                     | \$3,650.00  |
| 2. | . The source of the compensation paid  | to me was:                        |                                     |   |
|    | <b>Debtor</b>  | Other (speci                      | fy)                                 |   |
| 3. | . The source of the compensation paid  | to me is:                         |                                     |   |
|    | <b>✓</b> Debtor  | Other (speci                      | fy)                                 |   |
| 4. | I have not agreed to share the abomembers and associates of my la  | ve-disclosed compensat<br>w firm. | tion with any other person unles    | s they are  |
|    | I have agreed to share the above-<br>members or associates of my law<br>the people sharing in the compen | firm. A copy of the agree         |                                     |   |
| 5. | . In return for the above-disclosed fee,<br>a. Analysis of the debtor's financ<br>bankruptcy;            |                                   |                                     | bankruptcy case, including:<br>nining whether to file a petition in |
|    | b. Preparation and filing of any p   | etition, schedules, stater        | nents of affairs and plan which r   | may be required;  |
|    | c. Representation of the debtor a  | t the meeting of creditor         | s and confirmation hearing, and     | any adjourned hearings thereof;                                     |
|    | d. Representation of the debtor in   | n adversary proceedings           | and other contested bankruptcy      | matters;  |
| 6. | . By agreement with the debtor(s), the a   | bove-disclosed fee does           | not include the following servic    | es:   |
|    |  |                                   |                                     |   |
|    |  | CERTIF                            | ICATION                             |   |
|    | certify that the foregoing is a complete tor(s) in this bankruptcy proceedings.                          | statement of any agreen           | nent or arrangement for paymen      | t to me for representation of the                                   |
|    | 4/3/2017   |                                   | /s/ Alexander Preber                |   |
|    | Date   |                                   | Signature of Attorney               |   |
|    |  |                                   | Semrad Law Firm                     |   |
|    |  |                                   | Name of law firm                    |   |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:   | 4/3/2017  |                        |
|---------|-----------|------------------------|
| Signed  | :         |                        |
| /s/ Way | ne Thomas |                        |
|         |           | /s/ Alexander Preber   |
| Debtor( | (s)       | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:          | Thomas, Wayne | Case No  |                                      |
|-----------------|---------------|--|--------------------------------------|
|                 | Debtor(s)     |  |                                      |
|                 |               | Chapter.   | Chapter13                            |
|                 | VERIFI        | CATION OF CREDITOR MAT                             | TRIX                                 |
| Th<br>knowledge |               | fy that the attached list of creditors is t        | rue and correct to the best of their |
| Date:           | 4/3/2017      | /s/ Thomas, Wa<br>Thomas, Wayne<br>Signature of De | е                                    |

EXETER FINANCE CORP P.O. Box 166008 Irving, TX, 75016

ONEMAIN PO BOX 499 HANOVER, MD, 21076

FORD CRED PO BOX BOX 542000 OMAHA, NE, 68154

HONOR FIN 1731 Central Evanston, IL, 60201

BRCLYSBANKDE PO BOX 26182 WILMINGTON, DE, 19899

SYNCB/HDCEAP 5501 U.S. Hwy 30 W Fort Wayne, IN Fort Wayne, IN, 46818

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

MERRICK BK POB 9201 OLD BETHPAGE, NY, 11804

FST PREMIER 900 W DELAWARE SIOUX FALLS, SD, 57104

AFNI, INC. PO Box 3517 Bloomington, IL, 61702

CREDMGMTCNTL P.O. BOX 1654 GREEN BAY, WI, 54301 NATIONSTAR MORTGAGE LLC 8950 Cypress Waters Blvd Coppell, TX, 75019

SELECT PORTFOLIO Servicing 3740 Davinci Court, Suite 150 c/o Lisa F. Caplan Peachtree Corners, GA, 30092

One Main Financial Attn: Phillip Brown 605 Munn Road Fort Mill, SC, 29715

State of Illinois - Dept of Revenue Po Box 64338 Chicago, IL, 60664

Advocate Health Care 4001 Vollmer Rd Olympia Flds, IL, 60461

Ingalls Health System PO Box 27685 Chicago, IL, 60673

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Harris, Arnold 111 West Jackson B Chicago, IL, 60604

New Age Chicago Furniture 4238 S. Cottage Grove Chicago, IL, 60653

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park, IL, 60181

Illinois Tollway PO Box 5544 Chicago, IL, 60680 Rao Uppuluri MD SC 12845 S Cicero # 202 Alsip, IL, 60803

CREDIT COLLECTION SERVICE SHAWNEE SQUARE CHILLICOTHE, OH, 45601

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

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The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| /s/ Marcie Venturini   |
|------------------------|
| Attorney for Debtor(s) |
|                        |

Do not sign if the fee amounts at top of this page are blank.

Local Bankruptcy Form 23c

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| Debto | or 1 Wayne                    |  | Thomas   | Case number (if known)   |  |
|-------|-------------------------------|--|--|--|--|
|       | First Name                    | Middle Name  | Last Name                                      |  | CONTROL COMPANIANT CONTROL CON |
| 16.   | Calculate the median          | n family income that applies to yo   | u. Follow these step                           | s:   |  |
|       | 16a. Fill in the state in     | which you live.  | Illinois                                       | _  |  |
|       | 16b. Fill in the number       | r of people in your household.   | 2  | _  |  |
|       | household                     | n family income for your state and s   | To fin   | d a list of applicable median income amounts, go online may also be available at the bankruptcy clerk's office.        | \$65,659.00  |
| 17.   | How do the lines con          | •  |  | may also be available at the ballinapite, sielled silled.  |  |
|       | 17a. 🗸 Line 15b is l          | ess than or equal to line 16c. On th   | ne top of page 1 of t<br>o Part 3. Do NOT fill | his form, check box 1, Disposable income is not out Calculation of Disposable Income (Official Form 122C-              |  |
|       | U.S.C. § 13                   | • •  | alculation of Dispo                            | heck box 2, <i>Disposable income is determined under 11</i><br>sable Income (Official Form 122C-2). On line 39 of that |  |
| Parl  | : Calculate Your              | Commitment Period Under 11   | U.S.C. §1325(b)(                               | 4)   |  |
| 18.   | Copy your total avera         | age monthly income from line 11.   |  |  | \$5,468.21   |
| 19.   |                               |  |  | is not filing with you, and you contend that calculating the your spouse's income, copy the amount from line 13.       |  |
|       | 19a. If the marital adju      | ustment does not apply, fill in 0 on l   | ine  | ana sanan sa a sa s  | -\$0.00  |
|       | 19b. Subtract line 19         | a from line 18.  |  |  | \$5,468.21   |
| 20.   | Calculate your curre          | nt monthly income for the year. Fo   | llow these steps:                              |  |  |
|       | 20a. Copy line 19b.           | , , ,, , , , , , , , , , , , ,   |  |  | \$5,468.21   |
|       | Multiply by 12 (th            | e number of months in a year).   |  |  | x 12   |
|       | 20b. The result is you        | r current monthly income for the year  | ar for this part of the                        | form.  | \$65,618.52  |
|       | 20c. Copy the median 16c.     | n family income for your state and si  | ze of household fro                            | n line   | \$65,659.00  |
| 21.   | How do the lines con          | npare?   |  |  |  |
|       |                               | nan line 20c. Unless otherwise orde<br>d is 3 years. Go to Part 4.               | red by the court, on                           | the top of page 1 of this form, check box 3, The   |  |
|       |                               | than or equal to line 20c. Unless ot<br>Itment period is 5 years. Go to Part     |  | he court, on the top of page 1 of this form, check   |  |
| Parid | Sign Below                    |  |  |  |  |
|       | By signing here, I            | declare under penalty of perjury the   | at the information on                          | this statement and in any attachments is true and correct.   |  |
|       | /s/ Wayne 1<br>Signature of I | JIV WOVING   | Jennie   | Signature of Debtor 2  |  |
|       | Date 4/3/201<br>MM/DD         |  |  | Date MM/DD/YYYY  |  |
|       |                               | a, do NOT fill out or file Form 122C-<br>b, fill out Form 122C-2 and file it wit |  | 39 of that form, copy your current monthly income from line  | 14   |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Debtor(s) | Case No   |                                      | •        |
|-----------------|-----------|---|--------------------------------------|----------|
|                 |           | Chapter.  | Chapter13                            |          |
|                 | VERIF     | CATION OF CREDITOR MA                               | TRIX                                 |          |
| TI<br>knowledge |           | ify that the attached list of creditors is t        | rue and correct to the best of their |          |
|                 |           |   |                                      | <b>)</b> |
| Date:           | 3/28/2017 | /s/ Thomas, Wayn<br>Thomas, Wayn<br>Signature of De |                                      |          |

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| Debtor                              | 1 Wayne  |  | Thomas                   | Case number (fknown)  |  |  |
|-------------------------------------|--|--|--------------------------|---|--|--|
| , Anal national state of the second | First Name   | Middle Name  | Last Name                |   |  |  |
|                                     | 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |                          |   |  |  |
|                                     | No<br>Yes. Fill in the de  | etails below.  |                          |   |  |  |
| -                                   | <b></b>  |  | Date issued              |   |  |  |
|                                     | N  |  | MM/DD/YYYY               | -   |  |  |
|                                     | Name   |  | WWW/DD/TTT               |   |  |  |
|                                     | Number Street  | and the second s | <del></del>              |   |  |  |
|                                     | City   | State Zip Code   |                          |   |  |  |
| Part 12                             | Sign Below   |  |                          |   |  |  |
| true                                | e and correct. I und<br>ankruptcy case car   | lerstand that making a false st  | atement, concealing prop | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |
|                                     |  | ture of Debtor 1   |                          | Signature of Debtor 2   |  |  |
|                                     | Date   | 3/28/2017  |                          | Date 3/28/2017  |  |  |
| Did                                 | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |  |                          |   |  |  |
| N                                   | No   |  |                          |   |  |  |
| 靣                                   | Yes  |  |                          |   |  |  |
| Did                                 | d you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  |  |                          |   |  |  |
|                                     | No   |  |                          |   |  |  |
|                                     | Yes. Name of perso   | on   |                          | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |  |  |

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| Fill in this infor              | mation to identify your ca | ise:                      |  |  |                                       |
|---------------------------------|----------------------------|---------------------------|--|--|---------------------------------------|
| Debtor 1                        | Wayne                      |                           | Thomas   |  |                                       |
| D-540                           | First Name                 | Middle Name               | Last Name  |  |                                       |
| Debtor 2<br>(Spouse, if filing) | First Name                 | Middle Name               | Last Name  | -  |                                       |
| United States E                 | Sankruptcy Court for the:  | Northern                  | District of Illinois   |  |                                       |
| Case number                     |                            |                           | (State)  |  |                                       |
| (If known)                      |                            |                           |  |  | Charle Male in a                      |
| Official                        | Form 106De                 | ·C                        |  |  | Check if this is ar<br>amended filing |
|                                 |                            |                           | tor's Schedules  |  | 12/15                                 |
|                                 | 1341, 1519, and 3571.      | on with a paintapley ou   | 50 Sun 100an III III 100 Sp 10 V   | 250,000, or imprisonment for up to 20 :    | ,                                     |
| ☑ No                            | ay or agree to pay some    | one who is NOT an attor   | ney to help you fill out bankru  Attach Bankruptcy Pet Signature (Official Fon | tition Preparer's Notice, Declaration, and |                                       |
| that they                       | are true and correct.      | e that I have read the su | mmary and schedules filed wi   | ith this declaration and                   |                                       |

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

MM/DD/YYYY

Date 3/28/2017

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| Debtor 1 Wayne   | Middle Name  | Thomas<br>Last Name  | Case number (if known)                        |   |  |  |
|--|--|--|---|---|--|--|
| First Name   |  |  |   |   |  |  |
| Part 6: Answer These Questions for Reporting Purposes  16 Meet kind of debte de 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as  |  |  |   |   |  |  |
| 16. What kind of debts do<br>you have?   | "incurred by an individual primarily for a personal, family, or household purpose."  |  |   |   |  |  |
|  | ☐ No. Go to line 16b.  |  |   |   |  |  |
|  | Yes. Go to line 17.  |  |   |   |  |  |
|  | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain<br>money for a business or investment or through the operation of the business or investment.   |  |   |   |  |  |
|  | No. Go to line 16c.  |  |   |   |  |  |
| T ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | Yes. Go to line 17.  |  |   |   |  |  |
|  | 16c. State the type of debts you owe that are not consumer debts or business debts.  |  |   |   |  |  |
|  |  |  |   |   |  |  |
| 7. Are you filing under Chapter 7?  No. I am not filing under Chapter 7. Go to line 18.  |  |  |   |   |  |  |
| Do you estimate that  Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded an expenses are paid that funds will be available to distribute to unsecured creditors?   |  |  |   | perty is excluded and administrative d creditors?     |  |  |
| property is excluded   | □ No.  |  |   |   |  |  |
| and administrative expenses are paid that  | <u></u>  |  |   |   |  |  |
| funds will be available  | ☐ Yes.   |  |   |   |  |  |
| for distribution to  |  |  |   |   |  |  |
| unsecured creditors?   | <b>□</b> 1-49  | ∏ 1,000-   | <b>.5 000</b>                                 | 25,001-50,000   |  |  |
| 18. How many creditors   | <b>✓</b> 1-49 <b>→</b> 50-99   |  | 10,000  | 50,001-100,000  |  |  |
| do you estimate that you owe?  | 100-199  | in in the second   | 1-25,000                                      | More than 100,000                                     |  |  |
|  | 200-999  |  |   |   |  |  |
| 19. How much do you  | \$0-\$50,000   |  | 0,001-\$10 million                            | \$500,000,001-\$1 billion                             |  |  |
| estimate your assets   | \$50,001-\$100,000   | Second Second  | 00,001-\$50 million                           | \$1,000,000,001-\$10 billion                          |  |  |
| to be worth?   | \$100,001-\$500,000<br>\$500,001-\$1 million   |  | 00,001-\$100 million<br>000,001-\$500 million | \$10,000,000,001-\$50 billion  More than \$50 billion |  |  |
| Successive Suitable Audition is described the control of the contr | Constitution of the Consti | Andrew Control of the | 0,001-\$10 million                            | \$500,000,001-\$1 billion                             |  |  |
| <sup>20</sup> · How much do you  | \$0-\$50,000<br>\$50,001-\$100,000   |  | 00,001-\$50 million                           | \$1,000,000,001-\$10 billion                          |  |  |
| estimate your<br>liabilities to be?  | \$100,001-\$500,000  |  | 00,001-\$100 million                          | \$10,000,000,001-\$50 billion                         |  |  |
|  | \$500,001-\$1 million  | <b>=</b> \$100,0   | 000,001-\$500 million                         | More than \$50 billion                                |  |  |
| Part 7: Sign Below   |  |  |   |   |  |  |
| For you  |  | , and I declare unde   | r penalty of perjury that th                  | ne information provided is true and                   |  |  |
| correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12,  |  |  |   |   |  |  |
|  | of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed   |  |   |   |  |  |
|  | under Chapter 7.   |  |   |   |  |  |
| Power Carteria.  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |  |   |   |  |  |
| to I i   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |   |   |  |  |
| Section of the sectio | I understand making a false statement, concealing property, or obtaining money or property by fraud in   |  |   |   |  |  |
| 10 days  | connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |  |   |   |  |  |
| · ·  |  |  |   |   |  |  |
| Telegraphic discount   | /s/ Wayne Thomas Signature of Debtor 1 Signature of Debtor 2   |  |   |   |  |  |
| And the state of t |  |  |   |   |  |  |
| The control of the co | Executed on 3/28/201   | DD / YYYY  | Executed or                                   | MM / DD / YYYY  |  |  |